MENTAL HEALTH IN MUSEUMS

Exploring the reactions of visitors and community groups to mental health exhibitions

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Declaration

This thesis contains no material that has been accepted for the award of any other degree or diploma in any university. To the best of the author's knowledge, it contains no material previously published or written by another person, except where due reference is made in the text.

In accordance with the *Australian National University* guidelines, this thesis does not exceed 100,000 words (exclusive of footnotes, tables, figures, maps, bibliographies and appendices)

Lachlan Dudley
Month 2018

Acknowledgements

In 2007 I was diagnosed with Attention Deficit Disorder and Obsessive Compulsive Disorder. These disorders are a huge part of my identity and my day-to-day life. I have wanted to do a Ph.D. since I was in my first year of university. To be able to look at representations of mental health within museums in my Ph.D. has been an important and fulfilling endeavour to me. This thesis is the culmination of three and a half years of hard work that would not have been possible without the support and guidance of several individuals. First and foremost are my fiancée, Brigid Kennedy, and my family and friends who consistently encouraged me.

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Abstract

Recent changes in museological thought and practice have centred on the need for museums to address difficult social issues and to become more inclusive of a diverse range of peoples' thoughts, opinions and beliefs. Yet, the topic of mental health has received little attention from heritage practitioners and museum scholars in this regard. This study addresses this gap by looking at four exhibitions (two in the UK and two in Australia) that discussed mental health issues and engaged mental health community groups in various stages of the exhibition development process. Open-ended interviews with 358 visitors, nine curators and 10 mental health community members and organisations were undertaken to better understand how visitors and community members were utilising these exhibitions. In particular, Smith's idea that visitors attend exhibition spaces in order to reaffirm their commitments to certain beliefs, values and identity structures is assessed in relation to these exhibitions. This is done to examine if her findings held true in the context of exhibitions designed to inform and educate visitors about mental health. The notion that mental health community groups will have specific needs that curators should take into account during collaboration processes is also addressed.

An overarching theme that emerged in this study is that mental illnesses possess the ability to challenge peoples' perceptions of control over their health and rationality. This study argues that certain visitors were interested in exploring the confronting nature of mental illnesses. Others made efforts to avoid or disengage when asked to reflect on the uncomfortable nature of mental health issues. Conversely, mental health community members wished to openly discuss the hard realities involved with living with mental illnesses and felt museums were reinforcing stigmatised outcomes when curators hesitated to exhibit these more difficult elements of mental health. This study argues that a balance must be struck between community interests in advocating about mental health issues and the desire of visitors to feel comfortable during their visits. It suggests that such discussions could help to create more considered frameworks for working with communities with experiences of mental illness and more valuable museum experiences for those visitors who attend such exhibitions.

Glossary of terms

B7 – organisation based in Melbourne that raises awareness about mental health issues by displaying artworks created by the mentally ill.

Bethlem Museum of the Mind – museum focused on exploring the history of *Bethlem Royal Hospital* and of mental health treatment in the UK.

Beyond Blue – Australian, non-profit organisation working to address issues associated with depression, anxiety and related mental health disorders.

Core Arts – large-scale, not-for-profit mental health organisation located in the UK that offers art therapy courses and counselling services.

Madlove – a physical model of an asylum created by HH1 – an independent artist with experiences of mental health issues – for *The Bedlam* exhibition (*Wellcome Collection*)

Melbourne Museum – science and cultural history museum located in Melbourne, Victoria, Australia.

Museum of Brisbane –Brisbane's (Queensland, Australia) official museum that aims to explore the cultural, social and political history of the city.

Sane Australia– large organisation that offers services throughout Australia aimed at supporting those with mental health issues.

Wellcome Collection – a free museum that aims to challenge how British society thinks about health. It is part of the *Wellcome Trust*, the UK's largest funding body for mental health research.

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Chapter One

Introduction

1.1 Background

The *World Health Organization* declared in 2017 that depression had become the leading cause of disability worldwide (World Health Organization 2018). Over 300 million people now report being affected by the often-debilitating mood disorder (World Health Organization 2018). The devastating nature of many mental illnesses, the significant financial strain they place on economies (Mental Health Foundation 2016: 83-86; Australian Institute of Health and Welfare 2018) and the difficulty that individuals and societies continue to face in publicly and privately discussing these issues, makes it worth taking an extra moment to reflect on this unwanted milestone in mental health history. Advances in medicine and increases in technology that allow us to communicate and connect in ways that have never been possible should suggest that levels of isolation and mental illness are declining in contemporary society. However, the fact that mental health issues are now the leading cause of disability suggests that this is not the case (World Health Organization 2018). The sheer prevalence of mental health issues in contemporary society indicates that we must determine how best to deal with them. This study starts from the premise that society must learn to deal with these issues in a manner that helps those with such illnesses to live more fulfilling lives. Stigma and shame have played a foundational role in increasing the burden that sufferers of mental health problems, their friends and family bear (Corrigan 2000; Corrigan *et al.* 2002; Corrigan *et al*. 2008; Ahmedani 2011; Clement *et al*. 2015; Whitley 2017). That stigma continues to contribute to levels of isolation and the depreciation of self-worth felt amongst the mentally ill[1] is, therefore, a serious issue (Yang *et al*. 2007; Hinshaw and Stier 2008; SANE Australia 2005, 2014; Whitley 2017).

This study was born out of personal experience with mental illnesses, a love of

[1] There are a significant number of terms, concepts and uses of language that are used to describe people with mental health issues. Often there is disagreement amongst people with mental illnesses about how they prefer to be labelled (or whether they should be labelled at all). Preferences also vary based on country and context. In Australia, the term mentally ill is often employed. The author of this thesis, who identifies as being mentally ill, prefers this term and, as such, it, and similar variants to it, are used throughout the thesis.

museums and a desire to determine if museums might have a role to play in helping society, both here in Australia and in the UK, to deal with the difficult and often hidden issue of mental illness. Such a task is not easy. This is particularly true given that fear of reporting mental health issues and negative portrayals of mental health in the media remain despite increases in education and awareness campaigns (Cain *et al*. 2014; Clement *et al*. 2015; Kenez, O'Halloran & Liamputtong 2015).

Museums in the UK and Australia are interestingly located to deal with this important, but difficult, societal issue. This is because they have witnessed significant changes to their modus operandi over the past two decades (Vergo 1989; Charman 2013). Many heritage practitioners, academics and social activists no longer see museums as operating as authoritative disseminators of knowledge (Hooper-Greenhill 2000; Sandell 2007, 2016). They have been encouraged through government policy, and by museum staff, academics and community activists, to reposition themselves as institutions that are relevant to the communities and citizens they purport to serve (Crooke 2007, 2010). As such, many museums have embraced social advocacy and community engagement frameworks (Chinnery 2012). This has involved distinct stands being taken on difficult societal issues. It has similarly resulted in collaboration with previously marginalised community groups being undertaken to redress previous imbalances of power within the museum sphere, a point that is discussed further in Chapters Two and Five (Macdonald 2006; McCall and Gray 2014).

The shift in purpose on behalf of museums has led to a number of visitor studies at exhibitions that have dealt with confronting and controversial issues and that have engaged various community members in exhibition development. Some visitor studies have found that certain exhibitions have resulted in a reduction in the distance between 'self' and 'other' and enabled visitors to learn the discursive strategies required to develop more empathetic understandings of difference (see Sandell, 2007, 2016; Dodd *et al*. 2010; Sather-Wagstaff and Sobel 2012; Schorch 2014a, 2015 for examples). This learning and alteration in beliefs may be achieved, in part, by providing alternative depictions of minority groups that counter the 'toxic caricatures' that are often offered in mainstream media (Sandell 2016: 131). Communities have also been engaged in genuine processes of collaboration that have empowered them to tell their stories and to express their views on a range of contentious issues (see Brekke 2013; Onciul 2013;Varutti 2013 for examples). However, other studies have found that community

engagement projects in museums continue to be plagued by a host of issues (Karp 1992; Tlili 2008; Lynch and Alberti 2010; Fouseki and Smith 2013). These have typically revolved around a tendency to work with communities that are deemed safe (Lynch 2009), as well as the failure to acknowledge power imbalances (Fouseki and Smith 2013) or to fully integrate community projects into mainstream exhibitions (Munro 2013). Other visitor studies at difficult exhibitions have found that, far from learning or expanding their initial views, visitors make efforts to disengage from the exhibition material when emotionally confronted or utilize exhibition material to reconfirm a range of previously held values, beliefs and perceptions of self (Doering and Pekarik 1996; Smith 2011, 2017b; Pekarik and Schreiber 2012). This reconfirmation can further entrench pro-social values, as well as racist, negative, illiberal or anti-social beliefs (Smith 2017b). Studies by Smith (2010, 2011, 2017b) at various exhibitions displaying difficult material have been seminal in highlighting that visitors will often employ banal or self-sustaining arguments to mitigate the need for critical reflection. Her studies (2011, 2017a, 2017b) have also demonstrated that visitors invest their energy in actively attempting to reconfirm various belief structures and perceptions of self, as opposed to learning or dramatically expanding their views. However, Smith's (2011, 2017a, 2017b) findings have been gathered in relation to visitors at exhibitions about slavery, prison and immigration where race, ethnicity and class tensions played a role in motivating visitor disengagement and desires for reaffirmation of certain beliefs. These findings, therefore, may, or may not, be applicable to exhibitions about mental health issues.

These points are taken up in both the literature review and throughout the remainder of this research. It is important to highlight not only that there are conflicting results regarding the ability of museums to significantly alter visitors' deeply held beliefs and prejudices and to engage communities in genuine processes of empowering collaboration. There has also been little research looking at the impact socially purposive and community-oriented exhibitions have specifically in relation to the topic of mental health and illness. For this reason, this study attempts to test findings by scholars like Smith (2011, 2017a, 2017b) within the relatively unexplored area of mental health. This is because it represents a missed opportunity to better understand whether such exhibitions may help to combat, or possibly reinforce, stigmatised attitudes about the mentally ill amongst visitors, and whether they help to empower, or alienate, mental health community groups and users.

These findings also raise interesting questions about the purpose and benefits that such socially oriented and community-geared frameworks might offer, both for visitors and community members alike. If, as some scholars argue (Doering and Pekarik 1996; Smith 2011, 2016, 2017a, 2017b; Pekarik and Schreiber 2012), visitors do not come to museums primarily to learn or alter their views, and if community participants with mental health issues find engagement with museums to be tokenistic (Lynch 2009, 2011; Boast 2011), *then what is the function that socially conscious and community-oriented museum practices and frameworks offer to society?* This study investigates this overarching research question.

1.2 Research aims and case study sites

This study contributes to this much-needed discussion by investigating the following questions at four case study sites:

> *Question One:* How do mental health community members who are engaged to design parts of exhibitions that aim to reduce mental health related stigma view the process of collaboration?
>
> *Question Two:* What insights emerge from the research that can inform the development of inclusive and democratic models of museum community-collaboration, and what are the prime considerations when conducting community engagement with mental health community participants?
>
> *Question Three:* Do exhibitions and museums that aim to reduce mental health related stigma influence or alter visitors' attitudes about mental illnesses and the mentally ill?
>
> *Question Four:* What issues may usefully be considered by academics, heritage practitioners, visitors and communities when imagining the purpose, benefit or rationale of exhibitions that discuss mental health and illness and that aim to reduce prejudice and stigma?

In order to answer these questions, this study draws on 255 interviews with 358 visitors and a further 19 interviews with museum staff and mental health community groups that helped to design or inform elements of four separate exhibitions. Two of these exhibitions were in Australia (*The Mind* exhibition in *Melbourne Museum,* Victoria, and the *Remembering Goodna* exhibition in *Museum of Brisbane,* Queensland) and two in the UK, (*Bethlem Museum of the Mind* in Croydon, Greater London, and *The Bedlam: The Asylum and Beyond* exhibition in *Wellcome Collection,* Central London). Interviews with staff and community participants were carried out at the *Museum of*

Brisbane. However, interviews with visitors at this site were not undertaken. Reasons for this are discussed further in the Methods Chapter (Chapter Four). Each of these museums was chosen as they sought to challenge, to varying degrees, prejudicial attitudes towards mental health issues and question attitudes towards normality. In addition, each museum drew on the expertise and real-world experience of community groups and organisations that work with, or advocate on behalf of, the mentally ill in order to develop parts of their respective exhibitions (the rationale for choosing these sites is outlined further in Chapter Four). In this study, the case study sites are often referred to by shortened versions of their exhibition names. *Bethlem Museum of the Mind* becomes *The Bethlem*. *Wellcome Collection's* exhibition *Bedlam: The Asylum and Beyond* becomes *The Wellcome*. Likewise, *Melbourne Museum's* exhibition *The Mind: Enter the Labyrinth* becomes *The Mind*, while *Museum of Brisbane's Remembering Goodna* exhibition becomes *The Goodna*. It is necessary at times to use the full names of the museums in which these exhibitions where housed at certain points in this study.

1.3 General findings and specific arguments

In general, this study made several findings. First, the relationship between each museum and the community participants they engaged were affected by their various approaches to the confronting nature of mental health issues. Curators understandably worried that aspects of the exhibitions would confront visitors and some staff tended to approach collaboration as peripheral to the core duties of museums. This resulted in hesitancy by certain staff to fully embrace these more destabilising elements associated with mental illnesses, and a resulting belief amongst community participants that a form of soft stigma hampered their collaboration. Conversely, other curators viewed community engagement as central components of their museum work. This, along with their willingness to adopt an advocacy framework and embrace the difficult realities involved in working on mental health projects (a point discussed in more detail in Chapters Five), resulted in empowering and beneficial outcomes for community participants.

A number of visitors were likewise affected by the challenging nature of the exhibitions. A reasonable number attempted to disengage from the exhibition material when confronted. This was influenced by several factors. These included variations in approaches to exhibition design at each of the case study sites (Chapters Seven and

Eight). Some of the exhibitions focused on including more personal stories and utilised a greater degree of interactive technology to present their exhibition material. Others suffered from a lack of accompanying contextual material that resulted in degrees of confusion for visitors when tyring to interpret the exhibition (these issues are discussed in Chapters Seven and Eight). However, many visitors who disengaged simply did not possess the ability, or desire, to think through the more confronting mental health elements depicted in the exhibitions. Often this prevented them from gaining a deeper appreciation of those who have lived with mental disorders. Conversely, other visitors were highly engaged with the exhibition themes. They tended to spend their energy in reaffirming pre-held beliefs, as opposed to challenging stigma. The exhibitions helped to strengthen their beliefs in the importance of raising awareness about mental illnesses and provided a sense of community and validation of experience to those visitors who had personally dealt with mental health issues.

A number of specific arguments are put forward in this study based on these findings. One is that engagement with mental health community groups can lead to genuine processes of collaboration where curators help to facilitate community participants to *tell their own stories* in a manner that they deem appropriate and fulfilling. Curators thus aid participants to discuss issues that the communities deem are of importance to them. This occurs when curators demonstrate a willingness to step out of their positions of authority (Koster, Baccar and Harvey 2012; Golding 2013; Waterton 2015) and employ a degree of 'self-reflexivity' – defined by Nicholls (2009: 117-126) in Chapter Two as an active process of questioning agendas and identifying hidden assumptions and power imbalances in the framework of collaboration. In doing so, engagement with mental health groups can go beyond simple collaboration, in which members of mental health communities are invited to participate in a narrative set by museum staff (Arnstein 1969). Instead, it can operate to open engagement zones where unexpected questions can be raised that go beyond the intended parameters of discussion (Clifford 1997: 188-219). This can lead to a negotiation of museum practices where community concerns and discussions lead to genuine renegotiations and alterations in curatorial practice and thought, and even the direction of the exhibition (Varutti 2013). Mental health communities are empowered by such engagement and the personal experiences of mental illnesses that they bring greatly enhance exhibitions. These stories touch on universal human experiences of struggle, compassion and suffering. They lend a degree of insight into how we, as individuals, and as societies, understand our minds and react

to adversity. As shown in Chapters Seven and Eight, they are also elements that visitors value in exhibitions about mental illness. When these elements are not present, it can result in diminished levels of interest for visitors.

However, it is argued that self-reflexive processes and a willingness to secede power to communities do not ensure effective collaboration with mental health communities. Museums may also benefit from taking into account the range of specific emotional needs of the mental health community participants they engage. These can include an acknowledgement, and active decision by museum staff, to accommodate for the fact that community participants may require flexible working hours that do not match institutional standards. Likewise, participants may need extra formal support while working on projects about their mental illnesses, or have specific requirements about where the collaboration occurs. Museum work with mental health participants that does not take sufficient stock of these needs, and which does not actively pledge to allow participants to discuss the topic of mental health openly and honestly, runs the risk of re-entrenching the stigmatised outcomes that collaboration was designed to remedy; a point taken up further in Chapter Five. It is for this reason that museums might wish to commit to working through the difficult emotions that inevitably arise when working on a topic that involves elements of abuse and immense suffering. The sensitivity and resolve that such an approach demands from museum staff is difficult to achieve. This almost inherently requires an ethical belief by museum staff that community work is a core function of taxpayer-funded museums and that museums possess an ethical obligation to be relevant to the communities that they purport to serve. This does not suggest that curators must cede away their curatorial control. It does mean, as shown in Chapter Five, that curators who are willing to think outside of traditional ways of curating are more likely to develop mutually beneficial ways of creating exhibitions. These, in turn, must satisfy the desire of certain community groups to express their views on mental health and illnesses, including its unpleasant and difficult aspects, in an open and honest manner.

A further and interlinked argument put forward in this study is that very few visitors experienced an alteration of their foundational beliefs about mental illnesses. A large number highlighted that the exhibition had *reconfirmed* a range of beliefs about the importance of raising awareness about mental illnesses. In this sense, visitors were often more interested in reconfirming their identities as individuals who held sympathetic

views towards the mentally ill than in learning about or exploring any potential prejudices they may have held. Several, for example, believed they had no prejudicial views that could be altered. This reconfirmation of commitment by visitors to advocate around mental health issues is, in and of itself, not a negative outcome for socially purposive mental health exhibitions. Yet, a significant number of visitors did not possess the ability to process the difficult emotions generated by the exhibition and subsequently made efforts to disengage emotionally and cognitively. The notion of emotional intelligence (Bonnell and Simon 2007; Mayer, Salovey and Caruso 2008; Smith and Campbell 2016) and its implications are discussed in Chapter Two and in Chapters Seven through Nine. The topic of mental health, for instance, can challenge people's sense of control over the trajectory of their mental wellbeing and, as a result, engender strong feelings of vulnerability and a desire to disengage (Hinshaw 2007: 81-82, 83, 95-97, 123-124); these points are discussed further in Chapter Three).

Therefore, this research argues that the benefit offered by these exhibitions and museums about mental health issues may not be best thought of in terms of altering stigmatised views or challenging prejudice. This is not to suggest that learning and the changing of views do not occur at such exhibitions, a point that is discussed in more detail in Chapter Eight. Instead, they do not only operate as areas where visitors can reinforce their commitment to advocate on behalf of the mentally ill. They also work to allow those visitors (and the community groups engaged by the museum) with personal or vicarious experiences of mental health issues to obtain a degree of validation, worth and empowerment through recognition of their experiences in a more nuanced, unadulterated way. They act also, therefore, as 'spaces of care' (a point discussed further in Chapters Two, Five, and Eight) in which community members and visitors alike are able to feel a shared sense of connection based on their identities as mental health sufferers and to express their views in a safe, understanding environment. In this sense, museums can help to foster a sense of community amongst the mentally ill and provide alternative depictions of mental health issues to those offered in mainstream media (see Stuart 2006 and Cain *et al.* 2014 for more on prejudiced representations of the mentally ill in mainstream media). This might subsequently help to combat the sense of isolation and shame that the mentally ill experience because of being misrepresented and deemed as being tainted by parts of mainstream society (Goffman 1963).

1.4 Structure of the thesis

1.4.1 Chapter Two

This study begins with two literature review chapters. These are Chapter Two and Chapter Three. Chapter Two outlines the development of community inclusion and social advocacy frameworks within the museum sphere over the last two decades. In doing so, it discusses a number of recent visitor and community engagement studies at exhibitions dealing with various dissonant topics. A number of long-standing issues with museum-community engagement projects are highlighted to contextualise the issues that were experienced at several of the case study sites in this study. In particular, it is shown that a failure by museum staff to acknowledge imbalances in power (Fouseki and Smith 2013) and an inclination to view community engagement as peripheral to the core work of museums has hampered engagement efforts with a range of various community groups (Lynch 2009; Munro 2013). The tendency of visitors to eschew learning in favour of disengaging from difficult material, or utilising the exhibition to reconfirm certain beliefs is also highlighted (Doering and Pekarik 1996; Smith 2011, 2017b; Pekarik and Schreiber 2012). These results highlight the need for further research to determine the impact that such socially purposive and community-oriented exhibitions have in relation to the topic of mental health.

1.4.2 Chapter Three

This chapter analyses the way that mental health stigma has tended to manifest within Western society. The scope of the problem is outlined and varying theories and perspectives on stigma are provided. This helps to identify how best to understand the persistence, prevalence and impact of the problem of mental health stigma despite large-scale efforts by governments and other organisations to mitigate it. A key argument made is that certain societal responses to mental health are characterised by a distinct lack of empathy, and that this contributes to upholding prejudicial views about the mentally ill. This lack of empathy has been linked to a belief within society that many of the mentally ill are partially responsible for their condition (Corrigan, 2000: 53-54; Hinshaw 2007: 82-84). It has also occurred because of the significant degree of vulnerability that engaging with the mentally ill can engender (Hinshaw 2007: 82-83, 95-97, 124). As shown in Chapters Five through Nine, mental health issues raise important but difficult questions around our control over the trajectory of our health,

rationality and sanity. It can prompt unpleasant discussions around life and death (Hinshaw 2007: 82-83, 95-97; Veis 2011). However, it is argued that museums, like those discussed in this study, may help to foster a sense of connection to community amongst those with mental health issues. They may also help to validate the experiences of the mentally ill and can lead to a re-entrenching of pro-social, empathetic views amongst those visitors who are interested in mental health issues.

1.4.3 Chapter Four

Chapter Four outlines the methods used to answer the research questions of this study and provides detailed information about the case study sites. The curatorial rationale and aims behind each exhibition are discussed and information about the various community groups that were engaged during collaboration is provided. Importantly, this chapter justifies the use of a case study approach where open-ended interview questions are utilised and where quantitative methods are drawn upon to verify interpretations of the qualitative data. The design of the interview schedules are discussed and the coding schema that was used to measure visitor responses to individual questions, as well as their overall levels of engagement with the exhibition themes and the emotions it raised, is overviewed. Similarities and differences are drawn between the interview schedules used in this study and those used by Smith (2010, 2011, 2017a) to determine levels of visitor engagement in her studies of slavery and prison exhibitions. This establishes a foundation for investigating Smith's (2011, 2017b) claims about the desire of visitors to avoid conflict and to reaffirm values within the relatively unexplored area of mental health exhibitions.

1.4.4 Chapter Five

Results from interviews with museum staff and community participants who were engaged in exhibition design are discussed in this chapter. A central argument made is that engaging with mental health issues can cause emotional fatigue for curators, visitors and community participants. This emotional draining created a break down in communication at several sites in this study. Curators worried about upsetting visitors and put measures in place to mitigate this potential harm. This led some community participants to argue that museums are unwilling to genuinely embrace the topic of mental health and the harsh realities that living with a mental illness involves. For this reason, this chapter argues that staff may benefit from rethinking traditional curatorial practices. Particular emphasis could be paid to ensuring that the distinct needs of mental

health participants are accounted for, that adequate support structures are incorporated into the engagement process for staff and community and that procedures are put in place to ensure an honest commitment to open and inclusive collaboration. Importantly, this chapter argues that this is difficult to achieve without an ethical belief amongst museum staff that community engagement is central to the mission of museums.

1.4.5 Chapter Six

This chapter provides an overview of the demographic characteristics of the visitor sample. Differences and similarities in key characteristics between visitors at each case study site are overviewed. This is important, as these contributed to the types of visiting experiences that visitors sought out at each site. This consequently influenced the various levels of engagement and disengagement that were recorded. Key characteristics reviewed include age, gender, motivation for visiting, experience with museum visiting, occupation and ethnicity. This chapter accordingly establishes a number of factors that must be kept in mind when evaluating findings from this study. In this way, it sets up an important component of the framework that is used to interpret visitor experiences that are subsequently discussed in Chapter Seven and Eight.

1.4.6 Chapter Seven

The following two chapters analyse the range of responses offered by visitors at *The Mind, The Wellcome,* and *The Bethlem* exhibitions. Chapter Seven focuses on those visitors who struggled to process the mental health material and who employed platitudes – self-sustaining arguments – and other methods to disengage as a result. A key argument put forward is that a number of visitors did not possess the emotional intelligence required to process the difficult realities that the exhibition material raised. This led them to disengage and prevented them from gaining a deeper understanding of the experiences of those with mental health issues. Though not an active vilification of the mentally ill, this disengagement re-entrenched stigmatised behaviours of avoidance that are linked to maintaining levels of isolation and shame amongst the mentally ill. Such findings challenge, to some degree, mental health stigma research that contends that stigma can simply be reduced through exposure (Corrigan and Watson 2002; Livingston *et al.* 2012; Simmons, Jones and Bradley 2017).

1.4.7 Chapter Eight

This chapter reviews those visitors who were engaged to varying degrees with the exhibition themes about mental health and illness. A key argument made in this chapter is that the museums operated as multi-faceted arenas where visitors were able to reinforce commitments to certain belief structures, learn about areas they were already interested in and foster a sense of community based on personal experiences of dealing with severe mental disorders. Often these visitors enjoyed and valued using memories to provide context to the material they were viewing. This typically involved a range of emotions. It is thus that this study argues that visitors' memories and emotions, and their ability to process them, were central in facilitating both engagement and disengagement. This suggests that museum workers may benefit from paying close attention to the different strategies employed by visitors that are used to engage with, but also to distance themselves from, the topic of mental health.

Another key argument made is that many visitors believed that they did not have any prejudicial views about mental health and most stated that their views had not been altered. This chapter does not suggest that visitors did not learn, gain information or experience subtle shifts in attitude. Nevertheless, it highlights that a number of visitors did not experience significant alterations in their central beliefs about the mentally ill. This raises interesting questions about the purpose and benefit of such socially oriented exhibitions that are discussed further in Chapter Nine.

1.4.8 Chapter Nine

This chapter looks at the outcomes of this study as a whole and discusses their potential implications for museum practice. It demonstrates that we fail to take proper stock of the value that visitors and communities draw from museums and the various ways in which visitors and communities use their involvement and their visits to museums when we over-emphasise the importance of learning. This consequently prevents us from better understanding how to facilitate more meaningful forms of engagement with museum exhibitions. It suggests that staff, community and visitors could benefit from an acknowledgement that museums must be areas that people of all races, genders and physical or mental capabilities feel welcome. Yet, an acceptance by staff that working on difficult topics will involve discomfort and unease may also be needed. It argues that this acknowledgement could help in reducing issues of community frustration, alienation and disempowerment. It could also aid staff in understanding and coming to terms with the notion that certain visitors will require help in navigating the more

confronting elements of such exhibitions and that, if this help is not provided, they may make efforts to disengage with mental health material.

Chapter Two

The development of social agency and community inclusion

2.1 Introduction

This chapter discusses the emergence of two distinct changes in museological thought and practice. The first is the refashioning of museums as agents of social change, and the second is the increased focus on including voices from a diverse range of community stakeholder groups within museum practices. These changes are important to understand. The emergence of these two phenomena is central to the questions of social inclusion and impact, advocacy and responsibility that are explored in this research. Interestingly, recent studies regarding community inclusion efforts and visitor engagement with difficult social issues have demonstrated a number of mixed results (these are discussed later in this chapter). As argued in this chapter, studies regarding museums that have attempted to reduce prejudicial attitudes have found an increase in pro-social thinking amongst visitors (see Sandell 2007; Dodd *et al.* 2010; Schorch 2014a for examples). Conversely, other studies have observed a hardening of attitudes and a switching off of empathy amongst museum visitors (Doering and Pekarik 1996; Smith 2010, 2011, 2017b). Similarly, community engagement efforts have demonstrated success in including a diversity of voices in exhibition development (see Witcomb 2003; Crooke 2010; Varutti 2013 for examples). Yet, engagement projects have also exhibited ongoing problems surrounding representation, authority and power that continue to plague community-museum projects (Fouseki and Smith 2013; Onciul 2013).

Several themes are drawn out of the literature relevant to the research in this study. The first is that more research is needed to determine the impact of exhibitions that actively try to reduce prejudice are having on visitors' attitudes towards a range of difficult social issues. This is particularly true in relation to the topic of mental health and illness where few studies have been carried out to date (a point taken up further in Chapter Three) (Coleborne 2011: 24-25; Besley 2014: 148). The lack of research on visitor engagement at mental health exhibitions means that there is no way to determine if, or how, these exhibitions may help to combat, or possibly re-entrench, stigmatised attitudes about the mentally ill. This represents a significant gap in our knowledge for

several reasons. Museums have long been seen as educational institutions that can impart knowledge to their visitors (Falk and Dierking 2000, Falk and Storksdieck 2005; Hooper-Greenhill 2007). Yet, as revealed in some studies of dissonant history exhibitions, visitors to museums may not be interested in learning in a traditional sense (Smith 2010, 2011). They will often employ self-sustaining arguments to distance themselves emotionally from confronting material (Smith 2010, 2017b). This point is particularly important to the present research, as physical and emotional avoidance of the mentally ill has been linked to a range of stigmatised outcomes for those with mental health issues (Corrigan *et al.* 2003; Overton and Medina 2008; Bos *et al.* 2013). These factors are discussed in more detail in Chapter Three. Instead, many visitors are interested in using exhibitions to emotionally and intellectually reconfirm a range of previously held beliefs, values and senses of self (Smith 2011, 2015, 2017b; Pekarik and Schreiber 2012). This study contends that this reconfirmation (and emotional disengagement) can have serious pro-social outcomes for the mentally ill. Importantly, it can also further enhance stigmatised ways of thinking and behaviour.

A second theme that emerges is the notable lack of research on community engagement efforts in museums with those in the mental health community. This poses a significant problem for museum practitioners wishing to engage with and create social impact. It is, for example, important to understand if community engagement efforts with mental health groups and the development of mental health exhibitions are helping to facilitate genuine community representation or, alternatively, if they are operating to alienate mental health community groups and users. Again, this is important to properly understand as people with mental health issues have typically expressed a fear of openly declaring or talking about their experiences (Gray 2002: 72; Clement *et al.* 2015). By looking at recent community engagement studies, this chapter provides a framework for the analysis of community engagement projects that were undertaken at the case study sites in this study and that are discussed in Chapter Five. In particular, it is argued that taxpayer-funded museums have a philosophical and moral responsibility to actively and fully represent the communities from which they draw their funding.

2.2 The new museology

Vergo (1989: 3-4) declared in 1989 in his *The New Museology*, 'unless a radical re-examination of the roles of museums within society… takes place, museums in this

country, and possibly everywhere, may find themselves dubbed “living fossils” ’. This bold assertion came from Vergo’s (1989) observation that there was a growing and widespread dissatisfaction with museum practice both from within and without the museum sector. He (1989) claimed that museums had entrenched an insular, object-centered and elitist mentality towards museological practice over the last two centuries that had led museums to become increasingly out of touch with the changing and diverse needs of contemporary society. For Vergo (1989), important discussions concerning the purpose of museums were too often eschewed in favour of discussing more procedural and practice-based issues. He argued that museums had to become more than eighteenth and nineteenth-century storehouses for artifacts and providers of expert opinion. The Old Museology, a term now used to define museum pedagogy before the late 1980’s, was characterised by its functional basis that revolved around collections and curatorship (McCall and Gray 2014). ‘Old Museums’ concerned themselves with preserving, categorising and studying the material world and presenting their interpretations of these objects for educational consumption by the general public (McCall and Gray 2014). Under this museological framework, visitors were conceptualised not as active agents involved in meaning-making, but as passive receptors of knowledge. Visitors were accordingly viewed as waiting to receive the intended information regarding tangible objects via a linear form of communication (Sandell 2007: 71-104). This Old Museology was underlined by a paradigm that held the legitimacy of museums as unquestionable and ‘whose entitlement to ongoing support was simply taken as a matter of course, whose authority was absolute, and whose inner workings were of no proper concern to anybody beyond its walls’ (Weil 2002: 76). It was thus a model of museology that often failed to display the diversity and inclusiveness that it preached due to its tendency towards elitism and insularity (Weil 2002: 75-80; Fleming 2006).

The notion of the need for a *New Museology* has prompted widespread discussion and calls for reform within the museum sector over the last two decades, with many academics, heritage practitioners and community and social activist groups campaigning to develop more socially inclusive policies (McCall and Gray 2014). Museum theorists like Hooper-Greenhill (2000) contend that, in particular, the application of post-modernist critical theories to the museum world has forced museums to revaluate their agendas and to develop more socially aware practices. Hooper-Greenhill (2000: x) argues that many contemporary museums have developed from the

old museological practices described by Vergo (1989) into a form of modernist, 'post-museum'. This new museum model is characterised by a shift away from the notion of museums as authoritative, singular disseminators of knowledge (Hooper-Greenhill 2000 x-xi). Instead, museums are now defined by their pluralism. Hooper-Greenhill (2000 xi) argues that they are spaces where visitors, curators and community stakeholders are more often being expected to come together to share and develop a range of interpretive meanings from heritage material. Museums are now embracing the model of Social Enterprise. This model explicitly seeks to bring about positive social outcomes and 'draws its legitimacy from what it does rather than what it is' (Weil 2002: 80). Social activism and socially entrepreneurial goals are seen increasingly as core activities of museums under this model (Fleming 2016). According to Weil (2002: 75-80) and Fleming (2006), it is a model that does not seek public support as a matter of right. Instead, it offers to provide a degree of social worth by meaningfully engaging with the social issues that effect society and the communities it purports to represent and from which it draws its funding (Fleming 2006). Thus, 'its collections and other resources are regarded as a means towards the accomplishment of entrepreneurial goals, not as ends in themselves' (Weil 2002: 80). Fleming (2006, 2016) and Weil (2002: 75-80) are compelling in this argument. It has gained momentum within the museum sphere in recent years and is one with which this researcher agrees. This is because it stands to reason, as the *International Council of Museums* argues (2010: section 6), that museums have a responsibility to 'reflect the cultural and natural heritage of the communities from which they have been derived'. Scholars have accordingly argued that museums must be 'for somebody, not about something' and that without 'social value the museum is nothing' (Fleming 2006: 1).

Many museums have embraced this shift in attitude and policy, particularly within the UK and Australia. Crooke (2010: 17) argues that the use of the term 'community' is now highly prevalent within the museum sector. She (2010: 17) contends that it is so commonly employed by museum staff, and its connection to heritage institutions considered so natural an affinity, that rarely is there a need for museums to justify the inclusion of community projects in exhibitions. Taxpayer-funded museums in both countries that fail to include a diverse array of community voices within their exhibition agenda are now seen as failing to provide an adequate service to the public (Crooke 2010: 17). They run the risk of having their rationale come under significant criticism as a consequence (Crooke 2010: 17). Evidence of this increased focus on community

involvement and social justice advocacy, according to Sandell (2007: 2) and Silverman (2009: 122), can be seen in the creation of museums like the *Museum of Tolerance* in Los Angeles, the *Canadian Museum for Human Rights in Winnipeg* and the *National Museum of the American Indian (NMAI)* in the US. The *NMAI* is valued for its ability to act as a space in which counter-narratives are offered to challenge the dominant colonial discourses that are entrenched in US culture (Golding 2013). Likewise, the *Museum of Tolerance* and the *Canadian Museum for Human Rights* are dedicated to stimulating dialogue in an effort to promote social change (Sandell 2007: 2), while the *Immigration Museum* in Melbourne attempts to work with culturally and linguistically varied communities to record and explore the diverse range of experience of immigration in Australia (Hutchison and Witcomb 2014).

The development of community-based museums like the *NMAI* represents a significant development in the history of the civil rights movement begun in the US 40 years ago (Message 2014). Message (2014) demonstrates how communities have helped to shape, and continue to shape, the development of recent, more socially aware policies and practices of museums through which social change and advocacy is more fruitfully able to be recognised. It is important to highlight that these changes to the operational structure of museums have not gone uncontested. Some academics have criticised the community and social justice agendas of museums as being conceptually incompatible with fundamental aspects of the museum as an institution (Lowenthal 2009). These new focuses have shifted museums away from their core goal of preserving and presenting historic material and artifacts (Lowenthal 2009). Moore (1997: 21-32) argues that museums and museum workers do not possess the training or ability to adequately address deep social issues. As such, they risk applying aesthetic solutions to complex social problems. This recent turn away from traditional curatorial duties also devalues the long-term benefits that come from using expert skills to interpret and make sense of community heritage and that of their collective pasts (Lowenthal 2009). This approach, feels Lowenthal (2009), may undermine the ability of museums to function as an apolitical space and a place of trust in the eyes of the public. For Lowenthal (2009), the trustworthiness of museums is one of the key components that make museums successful and one of the most valuable communal spaces in contemporary society. This is because they are one of the few spaces that provide ‘unparalleled intimacy and involvement with the past, in apparently unmediated immediacy’ (Lowenthal 2009: 23). At museums, ‘we are not told what to think but are left to make up our own minds’

(Lowenthal 2009: 23).

The concerns of academics like Moore (1997: 22-23) and Lowenthal (2009) regarding the 'popularist' trajectory of many museums are understandable in light of recent studies in Australia (Cameron 2006, 2007), as well as studies in the UK (BritainThinks 2013), that found visitors continue to see museums as authoritative and pedagogic institutions. Despite recent calls for change, classic perceptions remain of curators and museums as embodying the ideas of 'objectivity, detachment from the subject matter, unacknowledged authorship, and providing information and neutral representation' (Wilson 2011: 132-133). Visitors believe museums are spaces that provide impartial interpretations of official narratives (Cameron 2006; see also Ashton and Hamilton 2010 for more on this topic). Cameron's (2006) study of visitors to the *Australian War Memorial* and the *Australian Museum* found that significant percentages of visitors wanted museums to engage with contentious topics. Her sample also highlighted that museums should avoid political or social value judgements. Some believed topics that were politically charged, shrouded in opinion or that were particularly value-laden, should be avoided altogether. This would ensure that a museum did not jeopardise their reputation as a 'safe, non-threatening place, and as a reliable and trustworthy information source' (Cameron 2006: 10). A survey conducted by *BritainThinks* (2013: 3) for the *Museums Association* in England of visitors to museums in London similarly found that visitors see museums 'as guardians of factual information'. It is thus that museums continue to be viewed by the public as repositories 'not only of objects but also of uncontested knowledge' (Watson 2007: 10). As opposed to government or the media, visitors place great trust and value in museums as places where they can access what they perceive to be unbiased and non-politically driven information (BritainThinks 2013: 6, 26).

Assertions by Lowenthal (2009) regarding the unbiased nature of museums are, in several ways, unfounded and based on a failure to acknowledge the inherently subjective nature of curatorship. Museums are engaged in deeply subjective work, privilege certain views and are heavily involved in the world of power and context (Karp 1992: 2; Hooper-Greenhill 1994: 4; Macdonald 2007). It is impossible, notes Hooper-Greenhill (1994: 4), for a communicative act to exist 'outside its own ideological context'. The very act of choosing to include certain material means that subject matter has been chosen for exclusion. Likewise, the words that are chosen to

describe certain events and objects ‘create approaches to the past, and attitudes to the present’ that validate certain understandings of experience (Hooper-Greenhill 1994: 115). Museums thus have ‘the power to name, to represent common sense, to create official versions’ (Hooper-Greenhill 2000: 19). The way a museum chooses to exhibit an object, the position it is given within an exhibition and the value accorded to it within text all operate to prime and affect how visitors engage with it (Watson 2016). As argued by Watson (2016: 79), ‘A brick … is just a brick’. However, the meaning it will have for visitors can be changed based on where it is exhibited and how it is displayed. Russians will likely see a brick ‘exhibited in the Political Museum in Saint Petersburg with the information that it was prised from the Reichstag building in 1945’ as a ‘symbol of victory for survival in the Great Patriotic War of 1941-1945’ (Watson 2016: 79).

Museum practitioners might, therefore, benefit from paying attention to ideas of power and representation in their investigations into museum culture and practice. These ideas are particularly important to this study because it contends that museums, especially those that work with communities, are not politically neutral, social and emotional spaces. They are, as Karp (1992: 2), Hooper-Greenhill (2000: 4) and Watson (2016) show, bound up in power relations and the authority to define what groups and topics the public sees as legitimate. According to Fouseki (2010: 180), ‘community consultation is not always a democratic process as power often resides with museum staff members who decide which community views to accept and which to ignore’. These power relations, as is shown later in this chapter and in Chapter Five, have consequences for the manner in which community engagement projects are undertaken, and the subsequent manner in which communities perceive efforts by museum practitioners to involve them within a museum sphere.

Museums have undertaken a number of exhibitions on dissonant histories that have involved varying degrees of collaboration with a range of different communities. These have included members from disabled rights communities (Sandell, Dodd and Garland-Thomson 2010), indigenous populations in North America and Australia (Morphy 2006; Onciul 2013), ethnic groups like the Romani (Brekke 2013), exhibitions on slavery in the UK that were informed by discussions with British citizens of African descent (Smith 2010, 2011; Fouseki and Smith 2013), members of the Stolen Generations in Australia, as well as exhibitions working with those who identified as

being ‘Forgotten Australians’ – people in Australia who grew up in often abusive Children’s Homes, orphanages and other care institutions in the 20th century (Chynoweth 2013). The failure of curators to adequately account for imbalances in power between museums and the communities they engage, and the tendency of both groups to talk past each other as a result, are themes that emerge repeatedly from this literature (Smith and Waterton 2009: 19, 78).

There has been a limited analysis of the attempts that museums have made to include mental health community groups in exhibition design and development (This point is discussed in detail in this chapter and in the latter parts of Chapter Three). Similarly, there has been little research regarding the impact that particular social activist agendas in museums are having on visitors’ attitudes towards the topic of mental health and illness (A review of the academic works that have discussed exhibitions about mental health issues is provided in the latter parts of Chapter Three). As demonstrated below, most studies about mental health engagement within a museum context have focused on the therapeutic benefits that *sufferers* of mental illness might gain from visits. This is an important area to understand. However, little research has sought to analyse processes of museum engagement with other types of visitors or other parts of the mental health community, take, for example, those groups who advocate on behalf of the mentally ill (*SANE Australia*,[2] *Beyond Blue*, etc.). This is strange given the shift in museological thinking outlined at the start of this chapter. It represents a missed opportunity to better understand how museums may be positively, or negatively, impacting these important areas.

It is, therefore, necessary for this research to move to discuss a number of recent visitor studies and community engagement projects at socially purposive exhibitions to determine the extent of our current knowledge. The following section shows that visitor studies at exhibitions that have tried to have a social impact on difficult social issues have returned varying results. Some found that learning is undertaken and that this has led to an increase in empathy and understandings of difference (see Sandell 2007; Schorch 2014a). Others have found that visitors wish only to learn if it reconfirms core beliefs or perceptions of self that they held prior to visiting (Dierking and Pekarik 1996; Smith 2011, 2017b; Pekarik and Schreiber 2012). This is important for this current study to understand as it has serious consequences for the way that heritage is

[2] The terms *SANE* and *SANE Australia* are used interchangeably in this study.

interpreted by visitors. It also raises important questions around the purpose that such socially aimed exhibitions and museums may offer to visitors and society. If visitors are not interested in learning at museums that seek to educate the public about difference, then what benefit might such exhibition offer in helping society to navigate difficult issues like mental health and illness?

2.3 Visitor studies at difficult exhibitions

The notion that museums help to educate visitors and that the acquisition of knowledge encourages discussion, debate and pro-social learning has long been entrenched in the museological literature (Smith and Campbell 2016). Falk and Dierking (2000), for example, have been instrumental in highlighting the ways that visitors learn at museums. They (2000: 2) argue that 'learning is the primary reason people go to museums' and that ' learning is the primary good that visitors to museums derive from their experience'. Their contextual model of learning focuses on the complex range of ways visitors learn within free-choice museum environments (that is, environments that are based around voluntary attendance). This model stipulates that what is learned is not always what curators intend. Learning, argue Falk and Storksdieck (2005: 745), 'is the effort to make meaning' that occurs when visitors engage in 'continuous, never-ending dialogue between the individual and his or her physical and socio-cultural environment'. This influential model does not 'purport to make predictions other than that learning is always a complex phenomenon situated within a series of contexts' (Falk and Dierking 2008: 20). It asserts that visitors do not simply learn, but that the acquisition of knowledge is the primary aim of visitors to heritage sites (Falk and Dierking 2008).

Studies have found that visitors at exhibitions that discuss confronting material do learn and that museums can help to facilitate amongst visitors a more critical, empathetic and less prejudiced way of thinking about topics.[3] For Sandell (2016: 131), museums are best thought of as being resources operating alongside other forms of media in society. They can provide alternative viewpoints to the sensationalist reports about minority groups that are often offered in mainstream discourse (Sandell 2016: 131). Additionally,

[3] An important point to note here is that a lack of knowledge is widely cited as a major factor linked to the maintenance of stigmatised views about the mentally ill (Suicide Prevention Australia 2013; Simmons, Jones and Bradley 2017); a point that is developed further in Chapter Three.

they help visitors to learn the discursive repertoire and modes of thought required to reconceptualise and reframe pre-conceived notions of prejudice (see Dodd *et al.* 2010; Sandell 2007). In this way, museums break down barriers between perceptions of 'self' and 'other' by allowing visitors to engage face-to-face with difference (Schorch 2014a: 92).

Schorch's (2014a: 92) study at *Melbourne Immigration Museum* found that student encounters with personal stories of immigrants in interactive video form resulted in the development of genuine empathy and a blurring of lines between 'them [the students] and us [immigrants]'. Personal stories of immigration gave visitors the opportunity to move their understandings about immigration and immigrants from 'abstract, normative ideals' to a more concrete understanding of difference that was rooted in the lives of those who have experienced immigration (Schorch 2014a: 82, 92). Likewise, Dodd *et al.*'s (2010) found that visitors to an exhibition about disability had their prejudicial ways of thinking about the disabled reframed. The nine museums in Dodd *et al.'s* (2010) study that put on exhibitions about disability each employed a narrative strategy throughout their displays that attempted to inform visitors that disabled people did not need or want pity. Instead, the exhibition emphasised that the real disability they faced was able-bodied societies unwillingness to accommodate physical difference (Dodd *et al.* 2010). Dodd *et al.* (2010: 99) concluded from 43 qualitative interviews and 1,784 response cards that '…a significant number of visitors demonstrated – through their personal responses – evidence of a change in the way they understood disability issues…'.

These findings offer evidence that museums can help society to learn about and navigate difficult topics. Yet, Moore (1997: 19) and Smith (2011, 2017b) have argued that the focus within museums on learning and education is partially misguided and that certain exhibitions and museums may not be as capable of inspiring learning and altering prejudice as previously assumed. Falk and Dierking's (2000: 2) assertion that learning is the 'primary good' that visitors receive at museums has been challenged on the grounds that it leaves no 'discussion of if or what extent learning is or is not important' within a museum setting (Smith 2015: 462). It is possible that visitors to exhibitions dealing with confronting or upsetting subject matter are more interested in utilising exhibitions to reaffirm their commitment to a range of pre-conceived values and beliefs. Doering and Pekarik (1996), Pekarik and Schreiber (2012) and Smith

(2010, 2011, 2017b) contend that the most satisfying exhibitions for visitors, for instance, typically do not involve challenges or alterations to their entrance narratives. Instead, visitors hope to confirm and enrich a commitment to varying belief structures:

> When visitors encounter the contents of an exhibition, they necessarily place them within the narrative that they have previously constructed to explain objects and ideas of this type. They may not want to learn much more specific detail than they know, and they certainly do not intend to have their narratives radically revised. Instead, they want their narratives to be reconfirmed (Doering and Pekarik 1996: 21).

This reconfirmation of a range of social, cultural or other personal beliefs plays a central role in helping visitors to understand their own identities (Smith 2011, 2017b). Smith (2015: 459) has argued that 'Rather than a learning experience, the museum may be understood analytically as a cultural performance in which people either consciously or unconsciously seek to have their views, sense of self, and social or cultural belonging reinforced'. Smith (2010, 2011) found that visitors made efforts to distance themselves from difficult aspects of the exhibition when these beliefs were challenged, a point taken up further below. Indeed, Smith's (2010, 2011, 2015, 2017b) work has been seminal in highlighting that education and learning, while important, may not be the primary goal of many museum visitors. This study draws on her understandings of why visitors attend museum spaces, what they seek to do during their visits and how they attempt to achieve these goals. This is because Smith's (2010; 2017b) findings that visitors attempt to reconfirm beliefs, and that they make efforts to disengage from exhibition material when confronted, challenges long-held assumptions about education held within museum literature. It is important to test these assumptions within the unexplored area of mental health exhibitions. This is because, as shown in this chapter and in Chapter Three, mental illness is a topic that can equally destabilise and confront. Visitors to such exhibitions may not be seeking to expand their views. Instead, they may be engaging in similar efforts to distance themselves from the confronting elements of mental health issues or attempting to uphold certain pre-held beliefs. Smith's (2010, 2011, 2017b) conclusions about visitor motivations are drawn from her work in the UK, the US and in Australia with over 4,500 visitors to a range of different exhibitions and museums. It is important for this study to take the time to look in detail at several of her recent studies.

Smith's (2010: 193) study of visitors at nine exhibitions concerning the abolition of

slavery in the UK that sought to 'shift the public gaze from an unproblematised celebration of abolition towards the facilitation of debate around the meaning and consequence of history' recorded low rates of attitudinal change. Smith (2011, 2016) and Smith and Campbell (2016: 444-446) developed the idea of 'registers of engagement' to explore these changes. This same method is adopted by this study and is discussed in detail in Chapter Four. These registers refer to the development of criteria that can be used to sort visitors into codes both for their overall engagement with various exhibition messages, themes and content, as well as another register to determine their overall levels of engagement with the emotions generated by these exhibitions. Rather than expanding their intellectual or emotional horizons, visitors to these exhibitions responded to the curatorial messages differently based on their racial and cultural identity (Smith 2010). Visitors of African-Caribbean heritage were often interested in assessing the degree to which their contemporary claims of recognition regarding racism, oppression and cultural identity were recognised by the exhibitions (Smith 2010). Conversely, many white visitors used this exhibition to reconfirm preconceived understandings regarding their identity and their understanding of historical events (that is, celebrating Britain's role as one of the first liberators of enslaved African peoples) (Smith 2011). It is for such reasons that Smith (2006, 2017b) argues that museum visitors are engaged in heritage-making, or what Macdonald (2012) refers to as past presencing. This process involves utilising social and political values that underpin certain historical narratives 'that we bring forward into the present' to legitimise and reaffirm contemporary aspirations and agendas (Smith 2017b: 764-765).

While it is a banal observation to state that visitors' preferences for interpretation vary based on identity (numerous authors have examined this within a museum setting: see Poria, Butler and Airey 2003 and Poria, Biran and Reichel 2009 for examples), Smith (2010) interestingly found that many white visitors exhibited a tendency to disengage with the content and aims of exhibitions of dissonant histories. This occurred when the exhibitions raised emotionally destabilising or uncomfortable feelings. Visitors disengaged, argues Smith (2010), to keep their commitment to certain national or ethnic narratives intact. To do this, visitors relied on several self-sustaining arguments that distanced them from feelings of guilt (Smith 2010, 2011). For example, White-British visitors often highlighted that they were not personally responsible for slavery. Others choose to focus on the fact that Britain was not the only colonial power involved in the slave trade to avoid the destabilising implications of the information detailed in the

exhibition (Smith 2010).

Smith (2017b) found similar results in her study conducted at *Old Melbourne Gaol*, in Victoria, Australia. Visitors tended to utilize the emotion of indifference to distance themselves from uncomfortable national narratives surrounding convict ancestry. Indifference was also used to reassert their identity as individuals who had no criminal links to corrective services or prisons in contemporary society (Smith 2017b). Such findings have led Smith (2015: 460) to argue that museums are places where people go to invest emotionally in 'certain understandings of the past and what they mean for contemporary identity and sense of place'. A range of strategies may be enacted to protect that emotional investment when it is challenged.

It is unsurprising that the desire to uphold certain narratives and the inability to process emotional responses that conflicted with deeply held beliefs led some visitors to disengage in Smith's (2011, 2015, 2017) studies. The tendency of individuals to disengage when confronted has been found in psychology literature (Hoffman 2000: 197-200, 2011; Eisenberg *et al.* 1992; Eisenberg *et al.* 1994; Battaly 2011). Empathetic over arousal – the process of experiencing distress when prompted to feel empathy for people in certain contexts – can lead to a switching off of empathetic feeling (Hoffman 2000: 197-200, 2011: 240-243). As shown by Battaly (2011), all forms of empathy involve degrees of distress. When individuals come into contact with someone in a state of worry, they often begin to feel worried themselves. In many cases, the feelings of distress are processed in a manner that renders them as a clear simulation of another's experience (Battaly 2011). They are able to place the focus of their felt discomfort on the other. Sometimes vicariously experiencing distress can cause higher levels of personal distress, in which the observer has difficulty maintaining the process of simulation and the safety of emotional distance (Hoffman 2011: 240-243). This can occur due to the personal significance a certain situation has for an observer (for example, the observer has a phobia of the situation the observed person is undergoing). In such cases, the observer will engage in self-directed behaviours designed to alleviate their discomfort, such as removing themselves from the situation regardless of the consequences for the person being observed (Hoffman 2000: 197-200, 2011: 240-243). This notion has implications for both Smith's findings and for this research in that it offers an explanation for why and how some people who are invited to experience empathy for the 'other' tend to find the experience emotionally overwhelming and, as a

result, disengage from the situation.

In this way, emotions and emotional processes are central to the process of visitor reconfirmation, as well as efforts by visitors to avoid uncomfortable materials, that have been outlined above (Smith 2015; Watson 2015). Emotions are, as Sayer (2007) and Wetherell (2012) argue, central to cognition and guide the way people make political and social judgements. This is because emotions have the power to directly influence our thoughts and actions (Watson 2015). Watson (2015: 284) contends that:

> Emotions influence the way we behave; they have effect – they move us to action and they affect us and others daily in a multitude of ways. We sometimes fear them. Rage can lead to acts of violence, and love appears to be irrational and powerful.

Empathy, as an example, has been cited within the museological literature as helping to unsettle boundaries between self and other and in prompting socially progressive, transformative moments (Schorch 2014a, 2015; Watson 2015). The ability to imagine oneself in another's shoes can be the moment that prompts someone to act (Illouz 2007). Likewise, emotions like nostalgia can go beyond basic forms of reminiscing in which visitors simply reflect on enjoyable moments from their past (Smith and Campbell 2017). Nostalgia can inspire thinking and imagining that is future-oriented (Cashman 2006; Smith and Campbell 2017). This occurs when nostalgia is used in a critical manner. Smith and Campbell (2017: 613) have defined critical nostalgia as a form of remembering that is active and self-conscious in its use of the 'past to contextualise the achievement and gains of the present day'. Their (2017) study of visitors to various heritage festivals in former labouring and mining towns found that visitors used nostalgia to reflect on the industrial past of their towns. Visitors' memories of their past work life and industrial skills, and the emotions it generated, were key in helping visitors to reassert a sense of communal belonging to the present community. This, in turn, reaffirmed parts of their identity associated with their industrial heritage (Smith and Campbell 2017).

Thus the meaningfulness of exhibitions for visitors are not necessarily derived from the content of a display or the ability it presents for learning in a traditional sense (Bagnall 2003). Rather, it can be the manner in which these exhibitions construct and invite the viewer to engage in a plausible emotional experience. Visitors do not, for instance, want

their experiences reduced simply to a process of obtaining information (Witcomb 2013). Instead, they also wish to feel a legitimate sense of connection to heritage material that is mediated by their memories and various emotional interpretations of exhibition themes, messages and objects (Gregory and Witcomb 2007). As such, 'emotions and feelings are not separate stages of the museum experience but are continuously interwoven with intellectual and interpretive processes' (Schorch 2014b: 22).

As Smith and Campbell (2016: 444-445) argue, emotional engagement does not 'inherently lead' to critical insight amongst museum visitors. Strong emotional responses to material can lead to shallow insights or a complete disengagement from the material altogether, just as mild emotional responses can result in profound insights (Smith and Campbell 2016). Visitors must also possess a sufficient degree of emotional intelligence to effectively recognise their emotional responses in such a way that allows them to facilitate engagement with the exhibition (Smith and Campbell 2016). Mayer, Salovey and Caruso (2008: 503) define this intelligence as the ability to 'process information about ones own and others emotions' and to be able to 'use this information as a guide to thinking and behaviour'. Not all visitors are inherently capable of this task (Bonnell and Simon 2007). As noted by Witcomb (2013: 267), difficult exhibitions require a significant degree of emotional and intellectual labour on behalf of visitors. Such exhibitions ask visitors to empathise with difference, to imagine legacies of trauma and to reduce the distance between 'self' and 'other'. Musing on such issues can raise a host of unpleasant emotions and result in a 'sapping of energy, a departure from positive pursuits, and a negation of life rather than an affirmation of it' (Bonnell and Simon 2007: 67). As shown in Chapter Three, mental health can cause discomfort due to the sense of vulnerability about our health that it engenders. It is for such reasons that this study pays attention to the role that emotions and memories play in aiding, as well as preventing, critical engagement and evaluation of mental health material.

It is necessary to emphasize that this study does not suggest that museums that deal with difficult material and that seek to reduce prejudicial views are incapable of achieving such goals. Nevertheless, the findings above highlight that curators and academics must take care when evaluating claims that such exhibitions do result in significant changes in views or attitudes. Indeed, the observation by Smith (2010, 2011, 2017b) that visitors wish to reconfirm certain values, and that they can and do disengage when these values are confronted or emotionally threatened, is important. It suggests that learning may

occur at museums and exhibitions that discuss mental health material so long as it does not challenge identities or values that are deeply held by visitors. This has consequences for the way visitors interpret heritage and raises questions about how we should view the benefits that socially purposive museums offer to visitors. Little is known about the impact that exhibitions that discuss mental health are having on visitor attitudes about mental illness (Coleborne 2011: 24-25; Besley 2014: 148), a point that is discussed further at the end of Chapter Three. Do visitors to these exhibitions seek out knowledge to expand their views on mental health and illness, or, alternatively, do they attempt to uphold certain stigmatised, or pro-social, values about the mentally ill? What benefit do museums and exhibitions that discuss mental health (or other difficult topics) offer if visitors are not interested in altering pre-conceived beliefs? Is the reconfirmation of values and beliefs a beneficial outcome for such exhibitions? These questions are investigated in Chapters Five through to Nine.

At the least, there is an ongoing need for attention to be paid to the cognitive and emotional aspects of museum visiting, particularly in relation to the topic of mental health and illness. There is still work that needs to be done to better understand how museums generate emotional responses and how these affect learning (Watson 2016). Few studies have looked at the 'emotional lives of museum visitors', even in the face of greater recognition that 'enjoyment is an important aid to learning and that empathy can help people to understand other peoples emotions as well as their ideas' (Watson 2016: 75-76). Discrepancies outlined in findings between current visitor studies that have previously been discussed also indicate a need for research in this area. This is made more apparent by the fact that, in general, understandings about how visitors engage with *purposive* representational strategies remains an area of limited understanding for museum practitioners and academics (Sandell, 2007: 4). Sandell (2016: 7) argues that museums 'have a capacity to contribute to broader processes of social and political change that is relatively unexplored and poorly understood in both museum studies and the field of human rights'. Without further research, it is difficult to determine the social impact that museums *actively* attempting to tackle difficult issues are having on visitors' attitudes towards these subjects.

2.4 Studies of community engagement at museums

The concern to include marginalised communities' viewpoints in museums has resulted

in examples of inclusive strategies and policies. Clifford's (1997: 188-219) adaption of Pratt's (1991) notion of 'contact zones' – a term used to refer to power-laden social spaces where cultures collide with each other – has informed the development of community inclusion practices over the last two decades.

Clifford (1997: 188-219) stipulated that museums involved in stakeholder consultation are best thought of as spaces where marginalised community voices and museum practitioners are forced to engage in a two way, dialogical process of disseminating knowledge. This process can go beyond tokenistic forms of inclusion and involve a rethinking about curatorial practices and aims on behalf of both the community and museum. Clifford's (1997: 188-219) observations of the *Portland Art Museum's* interactions with the Tnglit Elders led him to believe that a form of renegotiating the validity of certain interpretations of history and experience was occurring outside of the intended, basic framework of consultation. He (1997: 193) noted that:

> What transpired in the Portland Museum's basement was not reducible to a process of collecting advice or information and something in excess of consultation was going on. A message was delivered, performed within an ongoing contact history… the museum was called to a sense of its responsibility, its stewardship of the clan objects… the museum was asked to be accountable in a way that went beyond mere preservation.

In this way, community inclusion can raise unintended, though important, questions for both parties that extend past the initial parameters of discussion (Clifford 1997: 188-219).

The conceptualisation of museums as contact zones has been supported in museological literature as a helpful construct in understanding how museums can unbalance legacies of imperialism (Witcomb 2003: 81-91; Schorch 2013). This model sits in opposition to the idea of the 'museum as frontier' (Witcomb 2003: 89). Under the latter approach, museums collect what they need in order to bolster their 'official' interpretations of experience (Witcomb 2003: 89). As noted by Witcomb (2003: 89), as a contact zone:

> Rather than understanding the museum as a static, monolithic institution at the centre of power, it is read as an unstable institution attempting to come to grips with the effects of the colonial encounter, an attempt which has both positive and negative affects on those involved.

The idea of the contact zone helps to steer museums away from binary explanations and practices and allows for a more nuanced understanding of the complexities and realities that are involved in community engagement projects (Witcomb 2003: 89). Onciul (2013: 84) extends Clifford's (1997:188-219) work on contact zones to develop the notion that museums operate more as 'engagement zones'. These zones are places where engagement occurs not just between museum and community, but also in and between communities that are both involved, as well as not, with the museum sphere. According to Onciul (2013: 84):

> The engagement zone is a physical and conceptual space in which participants interact. It is created when individuals from different groups enter into engagement and closed when those participants cease engaging. […] Within the engagement zone, power ebbs and flows, continually being claimed, negotiated, and exchanged not pre-determined or innate, but situated within the context of the interaction…

Achieving an effective engagement zone is a difficult task. Despite the positive assumptions held above, 'engagement has the potential to be both beneficial and detrimental' (Onciul 2013: 79). Nevertheless, functional forms of community engagement within museum contexts do occur (Varutti 2013). Involvement of indigenous and first nation peoples in co-curation can lead, for example, to an indigenization of traditional, Western-oriented curatorial practices when a commitment to genuine engagement places both parties on 'equal footing' (Varutti 2013: 67-69). Indigenization involves the transformation, negotiation and altering of traditional museum practices where learning and the authority to present historical narratives is negotiated. Representation and community engagement within museums then, is not a natural or static process. It is a constructed process that requires deliberate thought and careful, consistent negotiation and renegotiation (Witcomb 2003). It is during processes of negotiation between the desires, agendas, needs and abilities of community and museum that a form of co-production can occur, in which both museums and community can be actively involved in imagining where, how and why a range of narratives, identities and values are represented (see Haviland 2017a, 2017b, 2017c).

These conceptualisations of community-museum engagement provide a useful way of thinking about museums as places that are messy and comprised of unequal power-relations, but that are capable of producing unexpected change both on the behalf of the museum and the community. Though theoretically sound, it is a notion of museums that

is potentially too optimistic in its assumptions of the practical realities involved with many community engagement projects. Museums often continue to operate less as places of equal reciprocity and equality and more as 'asymmetric spaces of appropriation' (Boast 2011: 63). This is because museums are spaces built on power and the authority to designate official accounts of history (Hooper-Greenhill 2000: 19; Boast 2011). They maintain power through their capacity as cultural institutions to 'classify and define peoples and societies' (Karp 1992: 2). Even with the best intentions, dominance has a tendency to prevail when two groups with contrasting assumptions meet in an inherently unequal playing field (Boast 2011).

This tendency has been fostered by the failure of museums to define what they mean by community and what they understand community work to entail (Gable 2013; Waterton 2015). Nor have museums clearly articulated what relationship they seek to have with communities. The term community 'is one of the most ambiguous words in sociological literature' (Waterton 2015: 55). It has 'become synonymous with goodness and moral standards but the term is infrequently defined' (Watson 2007: 2). Museum communities have been used to refer to a wide range of constituents, including the visitor base of a museum, or the suburb or town in which it is situated (Gable 2013). What the term means, and whom it refers to, is often unclear within a museological context. Hooper-Greenhill (2000: 121) has defined communities as being 'located in relation to interpretive acts' and 'recognised by their common frameworks of intelligibility, interpretive repertoires, knowledge and intellectual skills'. Likewise, Mason (2005: 206-207) has highlighted that communities can be defined in relation to six specific categories:

1. Their shared historical or cultural experiences
2. Specialist knowledge
3. Demographic/socio-economic factors
4. Identity (national, regional, local or relating to sexuality, disability, gender, race, age)
5. Visiting practices
6. Exclusion from other communities

Such conceptualisations are helpful because they provide an understanding of how various community groups tend to identify themselves (Watson 2007) and may prompt museums into actively considering how they define their publics (Davis 2011). Yet, the point remains that museums often do not acknowledge, or take practical steps to

accommodate for, the fact that communities are complex and multi-faceted (Crooke 2010). Inadequate conceptualisations of what the term community means do occur, and museums are often unsure as to why they are engaging with communities (Crooke 2010).

There are numerous reasons why a museum may engage in community engagement and each may influence the way a museum thinks about and approaches such engagement, a point that is taken up further in Chapter Five. Museums may, as noted by Fleming (2006: 3), be under pressure from funding bodies that wish to see an increase in audience diversity and a desire to ensure greater social relevancy. Engagement could be a response to the need to acquire monetary resources that now come with pursuing government sanctioned, community-driven agendas (Fleming 2006: 3; Fouseki 2010). Alternatively, engagement may be motivated by an ethical belief on behalf of museum staff that museums must be socially aware, socially responsible and committed to inclusion (Fleming 2006: 3). These frameworks do not need to be, but often can be, mutually exclusive. In addition, community engagement may involve consulting with the community to inform the overall design or purpose of a museum or exhibition. Conversely, it may involve developing content for display within an exhibition.

The belief that museums should view people, not objects, as central to their mission, and the belief that they should be socially responsible by working with a diversity of communities to achieve empowerment and facilitate fair representation, are important to this study. As noted by Fleming (2010: 2), 'museums that are publicly funded are supposed to achieve something for society, rather than act simply as self-perpetuating institutions, the value of which is obscure and unmeasurable'. The real 'social responsibility is when museum staff commit themselves to identifying and meeting the needs of the public, and when they place this at the head of their priorities' (Fleming 2010: 2). The failure by museums to adopt such an approach or, at the very least, to clearly articulate what is meant by community and why they are undertaking such work, has led to a host of issues. Amongst them has been a failure to address the imbalances of power within a museological context (Fouseki and Smith 2013). Smith and Waterton (2009: 19, 78) argue that mainstream museums rarely acknowledge the unequal social, political and cultural power relations involved in a museum context. This failure to acknowledge the political nature of museums is important (Lynch and Alberti 2010). It is difficult for equal relations to be built and for honest, practical dialogue to occur

without recognising that museums do political work and that heritage professionals maintain power and credibility over communities through their ability to employ expert opinion and skills (Smith and Waterton 2009: 140). According to Watson (2007: 9), the relationship museums have with their communities must be based on the recognition that it 'is an unequal one, with the balance of power heavily tipped in favour of the institution'. This is because museums have been instilled with the ability to create meaning and to designate official narratives (Karp 1992; Hooper 2000; Watson 2016). As such, they can define the parameters of discussion around community engagement and representation (Waterton 2015). More often than not, communities will be aware of these power relations and become frustrated if measures are not put in place to account for these. It is more fruitful for museums to acknowledge these concerns upfront and to be realistic about what can be achieved (Fouseki and Smith 2013).

The failure of museum workers to actively reflect on why and how they will undertake community engagement has also resulted in difficulties in opening clear avenues of communication for transparent discussions about agendas and expectations. This has been compounded by the use of a framework of supplementation by museums, where community projects are included in exhibitions as separate, but complimentary, installments (Munro 2013). Supplementation helps to bring a diversity of voices into the museum, but does not necessarily result in a genuine reconfiguring of the relationship between museum and community (Munro 2013). Such approaches are telling and imply that in many ways 'community exhibitions may be understood as poor relations to traditionally curated exhibits' (Munro 2013: 243).

These issues have impeded the ability of museums to achieve an open dialogue and a sense of real partnership with community partners that is cited within the literature as being vital for successful community collaboration (Clifford 1997: 188-219; Onciul 2013). Often, successful collaboration involves more than simply inviting groups to participate within a museum sphere. It can require an 'overall rethinking of museum priorities and modes of action' (Varutti 2013: 71). For Munro (2013: 247), mainstream museums 'tend towards doing things for communities, or putting on exhibitions about them, rather than creating things with them'. There is a significant distinction between participation and collaboration where, in the latter, a shared authorship and responsibility for projects is implied. The work of Arnstein (1969) demonstrates that community projects usually fit into eight categories. Her (1969) 'ladder of participation'

outlines eight categories marked by lesser or greater degrees of engagement. The lowest levels (one: manipulation and two: therapy) are marked by non-participation, followed by tokenism (three: informing, and four: consulting), to higher levels regarded as collaboration and citizen empowerment (six: partnership, seven: delegated power, and eight: citizen control) (Arnstein 1969: 216-218). These categories simplify the realities involved with community engagement projects. Nonetheless, they illustrate the point that many have missed that there are significant gradations of citizen participation (Arnstein 1969). To move past tokenistic engagement, curators must demonstrate 'a curatorial wiliness to break down traditional power hierarchies, to engage in respectful collaboration and sharing of expertise…' that is 'distinct from tokenistic participation' (Golding 2013: 20). To do this, museums must actively question why they seek to work with communities and the purpose and function that museums seek to achieve (Lynch 2013).

The ability to achieve this willingness has not been helped by the tendency of museums to gravitate towards community groups that they see as safe or mainstream (Fouseki and Smith 2013). This tendency is not unusual, contends Lynch (2013). She (2013: 7) notes that museums are predominantly governed by a hierarchy that overemphasises the need for political correctness, for cohesion and consensus to such an extent that opportunities for 'dissensus – and with it, activism or resistance' is often quashed. Lynch's (2009) study of 12 community-museum partnership programs in the UK found that a major concern for community partners was a sense that views that conflicted with the museum, or in and between community participants, were avoided, silenced and subtly redirected by museum practitioners to pursue an agenda of social cohesion. This can lead to a sense amongst communities of being used to obtain funding, a lack of a clear aim of the partnership efforts and an overall belief of the engagement being tokenistic (Lynch 2009).

This lack of genuine inclusion of communities by some museums could be seen as evidence of Bennett's (1995) argument that museums operate as spaces of cultural governance. Bennett's (1995: 6, 18, 20-21) contention that museums are part of the system for regulating social behaviour helps, in part, to explain the power-laden nature of museums and the fraught outcome of many community engagement projects that challenge the social status quo. Community engagement could, therefore, be seen as a method for constructing a community that fits with societies desired narrative of

engagement, as opposed to genuinely allowing communities to represent their perspectives (Bennett 1995). All too often museums find themselves trying to tell a community's story (Pyburn 2007). This is not what is needed. Instead, museums may benefit from generating opportunities for *communities* to tell their own stories in a manner, and within a context, that they feel is appropriate and empowering (Waterton 2015). There must be, as Koster, Baccar, and Harvey (2012: 195-197) argue, a 'decolonising' of curatorial practices around community representation and of the way communities are seen and understood. One way of achieving this may be to enter into what Nicholls (2009: 121-122) refers to as a process of 'self-reflexivity', in which the researcher or curator makes explicit efforts to actively identify 'hidden assumptions', agendas and power imbalances in the framework of collaboration. This reflexivity involves a willingness on behalf of communities and curators to find ways of negotiating 'mutually accountable ways of thinking about the past in the present' (Waterton 2015: 60). All of this is difficult to achieve without the belief amongst taxpayer-funded museums that they derive their purpose from people and communities, a point that is elaborated on and analysed in Chapter Five.

It may be helpful to think of museums as occupying a middle ground between Bennett's (1995) and Boast's (2011) notion of museums as forms of regulation and Witcomb (2003) and Clifford's (1997: 188-219) idea of museums as spaces where genuine co-creation occurs. This is because, as evidence from studies with community groups reviewed above suggests, museums are spaces that, while capable of facilitating a degree of greater representation amongst community stakeholders, do not foster better representation, either intentionally or unintentionally, simply by including stakeholder voices (Onciul 2013). Museums and community groups may benefit from actively questioning why they are engaging with each other. This may allow both groups to be clearer in their aims and agendas, and to question the theoretical and practical frameworks and relations of power that govern their partnerships and inform and constrain their discussions (Fouseki and Smith 2013). In this way, curators and communities might benefit from seeing social awareness, a genuine commitment to plurality and diversity and a focus on people over objects as core elements of museum work.

Few major studies have analysed community engagement projects between museums and mental health stakeholders that advocate on behalf of the mentally ill. This is a

point that is discussed in the latter parts of Chapter Three. It is important to mention here that the lack of research in this area, coupled with the philosophical and practical difficulties highlighted above that plague community engagement efforts, raise important questions in relation to the partnerships that are being formed between museums and mental health stakeholders. What strategies and frameworks are these museums adopting to facilitate greater mental health community involvement? How do mental health community stakeholders view these efforts to include their experiences in exhibition development? Are their serious concerns or issues that mental health community members have about museum collaboration and, if so, how might these be addressed? These questions deserve sufficient investigation and are addressed in Chapter Five.

2.5 Conclusion

This chapter detailed the rise of social advocacy and community-oriented frameworks within museums over the last two to three decades. It has highlighted a number of mixed results that have been found in community and visitor based studies. A main argument put forward is that it is important to test findings that suggest visitors to difficult exhibitions may not be interested in, or capable of, broadening their views or meaningfully exploring their prejudices. These findings may have serious implications for the ways that curators and heritage practitioners perceive and interpret museum visitor engagement. This is because visitor engagement has traditionally been viewed through the lens of learning and exploration. There is a particular need to undertake such visitor studies at exhibitions discussing mental health, as few studies have focused on this area. It has also been revealed that few scholars have sought to understand processes of engaging with mental health advocacy groups within a museum sphere. The need for further research in this area is compounded by the fact that community engagement continues to be hampered by an unwillingness on behalf of museums to engage in processes of legitimate power-sharing and a failure to view community work as central to their mission.

This consequently raises important questions and issues that this research aims to address. The first is that it is difficult to determine if mental health community groups view engagement efforts by museums as a beneficial means of discussing their experiences, or as tokenistic efforts that work to bolster the stigma they face. There is

also little way to analyse if such exhibitions reduce prejudicial views, or unwittingly further entrench stigmatised attitudes, amongst visitors. These are questions that are explored in more detail in Chapters Five through Ten. The lack of attention that exhibitions about mental illness have received certainly requires further explanation. Why has it failed to receive significant consideration at a time when museums and scholars have demonstrated an increased willingness to tackle issues of sexuality, gender, slavery and other confronting topics?

Chapter Three endeavours to explore these issues further. It discusses prominent theories about how mental health stigma manifests within contemporary society. Moreover, it overviews examples of how mental health issues has been treated as an exhibition topic within Western museums. It offers answers to these questions by highlighting the unique sense of vulnerability and destabilisation that are associated with mental illness. This helps to explain why museum staff and academics have treated mental health as a topic that is 'off-limits'. It also provides insight into why visitors to exhibitions about mental illness may engage in similar distancing practices to those outlined in various studies in this chapter.

Chapter Three

Mental health stigma: definitions and perspectives

3.1 Introduction

Mental illness continues to be treated with derision and fear in Western society. The use of the word ‘insane’ or ‘retarded’ to explain an idea that is lacking in rationale, or the casual reference to a person as being ‘crazy, nuts’ or ‘out of your mind’, are just some of the derogatory words and phrases employed to describe individuals who suffer from mental disorders (Hinshaw 2007: 15). As Hinshaw (2007: 15) points out, these terms rival ‘ethnic, racial, and sexual epithets as sources of ridicule’, yet they are some of the first words learned by children. Unlike ‘racial slurs’, which are commonly viewed by the bulk of society as ignorant and outdated, degrading language towards sufferers of various mental illnesses continues to be seen as permissible in a variety of social circles (Hinshaw 2007: 15).

This chapter outlines theoretical perspectives regarding stigma and mental illness. The review of theories of stigma provides an understanding of how stigmatized ways of thinking manifest themselves in the linguistic discourses and institutional structures of modern society. This includes museum and those who visit such spaces. It begins by highlighting the prevalence of mental health issues within society and discusses some preliminary reasons as to why they have received a notable lack of empathetic responses from society. It then discusses definitions and perspectives of stigma and outlines influential theoretical approaches towards understanding how stigma operates. In doing this, it highlights why this issue has remained so pervasive in spite of efforts made to reduce stigmatised attitudes. This lays a foundation for understanding the types of visitor engagement and disengagement that are discussed in Chapters Six through Nine, and explains why visitors to mental health exhibitions may find the topic of mental health difficult to engage with.

This chapter also reviews how the topic of mental illness has been treated within a museum context. It discusses the sense of fear that has made curators reluctant to tackle this difficult subject in spite of a willingness from contemporary museums to discuss a range of other difficult topics. This provides a framework for understanding some of the concerns curators in this study had about upsetting visitors that are discussed in Chapter

Five.

A key argument made is that empathy, or the lack thereof, plays a crucial role in generating and maintaining stigmatized attitudes towards mental illness. Conversely, empathy can, if utilized in particular ways, cause a rethinking of the 'self' 'other' dichotomy. Museums may be able to utilize this understanding in order to play a role in facilitating this empathetic process of transformation.

3.2 Prevalence and impact of stigma surrounding mental health

Mental health disorders are widespread and often devastating. The *Mental Health Foundation* (2016: 14) states that 43.4% of adults believe they have had a diagnosable mental health condition at some point in their lives, while the *World Health Organization* (2018), estimates that the number of people with depression or anxiety related disorders is over 300 million worldwide. Mental illness places a large stress on the economies of Australia and the UK. Nine billion dollars was spent between 2015-16 in Australia on national services related to mental health (Australian Institute of Health and Welfare 2018), and between 70 and 100 billion pounds is spent each year in the UK (Mental Health Foundation 2016: 83). In 2013, mental health issues were the 'second leading cause of years lived with a disability worldwide behind lower back pain' (Mental Health Foundation 2016: 13).

Stigma continues to play a role in supporting the prevalence of mental health issues in communities worldwide and in holding people with mental health issues back from accessing treatment. A study by Clement *et al.* (2015) that surveyed 90,189 participants based on data collected in 144 qualitative and quantitative studies found that stigma relating to disclosing a mental illness had a small to moderate, but clear, impact on help-seeking behaviours. Ethnic minorities, men and those in military or health professions were most at risk. Of those who participated, 27, 572 highlighted that they experienced some degree of hesitation about declaring their illnesses (Clement *et al.* 2015: 15). Other studies have found that societal attitudes towards behaviours associated with mental illness result in responses low in levels of empathetic expression. Corrigan (2000: 53-54) argues that mental illness is seen by many in society as the fault of the sufferer. This often leads to people criticising those who exhibit symptoms as demonstrating weak will (that is, they should just get over it) or because they fail to

seek appropriate help or treatment. Accordingly, some view sufferers of mental illness as undeserving of empathy due to the perceived self-inflicted nature (Hinshaw 2007: 82-84, 124). This blame has been linked to the lingering influence of meritocratic worldviews (that is, the Protestant work ethic) and, although outdated, they remain in the mind of the public to some degree (Corrigan, 2000: 53-54).

This has not been helped by the continued representation of the mentally ill as violent, unstable and unpredictable in mainstream media (Hinshaw and Stier 2008; Cain *et al.* 2014). Though negative stereotypes about depression have decreased over the last two decades, Cain *et al.* (2014: 97) have argued that 'Public perceptions of schizophrenia have been repeatedly shown to reflect media reports linking the condition to violence' and that 'Negative attitudes rise following exposure to violence-related stories and are associated with patterns of media exposure'. Forms of media then, influence how the public views the topic of mental health (SANE Australia 2014, 2017). It is for such reasons that Sandell (2016: 131) argues that museums may help to combat prejudiced views through providing alternative, accurate and sensitive depictions of groups that face stigma, such as the mentally ill.

3.3 Definitions and perspectives

Existing understandings of stigma draw from the work of sociologist Goffman (1963). He (1963: 3) defines stigma as being a discrediting attribute (for example, a physical deformity, a mental illness) that renders the owner 'from a whole person and usual person to a tainted, discounted one'. The work of Jones *et al.* (1984: 6) has expanded Goffman's concept to define stigma as 'any mark or sign of perceived or inferred conditions of deviation from a prototype or norm' that designate the bearer as 'deviant, flawed, limited, spoiled, or generally undesirable'. Under these definitions, stigma describes not just a mark that physically identifies an individual as different. It refers also to the interplay between an attribute and an associated stereotypical way of thinking that results in discrediting, cognitive, behavioural and affective responses (Markowitz 2014).

Conceptions of where and how stigma manifests differ. Some academics argue that stigma is best understood as occurring at societal, interpersonal and individual levels (Pryor and Reeder 2011). They have tended to study stigma from the three different, yet

interlinked, perspectives of public stigma, associated stigma and self-stigma (Ahmedani 2011). One comprehensive model developed by Pryor and Reeder (2011) provides a helpful definition of these perspectives. They define public stigma (social level) as referring to the social and the psychological beliefs society holds about certain stereotypes and the subsequent behaviours it elicits. Public stigma is made up of the cognitive, affective and behavioural reactions of those who stigmatise (Pryor and Reeder 2011). It is one of the most influential and important forms of stigma (Bos *et al.* 2013). Associated stigma (interpersonal) focuses on the societal and psychological pressures of being associated with a stigmatised individual, and self-stigma (individual) references the emotional and social pressures faced by sufferers of a stigmatised condition that often leads to self-deprecation (Pryor and Reeder 2011). This category encompasses both the apprehension of being exposed to stigmatisation and the potential internalisation of the negative beliefs and feelings associated with the condition (Pryor and Reeder 2011).

3.4 Theoretical paradigms

Sociology and social psychology have contributed to modern conceptions of stigma and have developed several key theoretical perspectives (Ahmedani 2011). The complexity of stigma, and the volume of literature dedicated to understanding it, has resulted in a wide range of definitions and theoretical models. Each has their own distinct, yet interrelated, conceptualisations of stigma, how it operates and how it can be measured (Ahmedani 2011).

Certain models emphasise stigma as a process arising from a set of attitudes, while others define it as an attribute of a person. Socio-cognitive models are a commonly used constructs to make sense of public stigma (Ahmedani 2011). They seek to 'explain the relationship between discriminate stimuli and consequent behaviour by identifying the cognitions that mediate these constructs' (Corrigan *et al.* 2008: 34). They posit that stigmatised attitudes are socially learned, linguistically constructed knowledge structures that are developed and reinforced through personal and vicarious experience (Corrigan *et al.* 2008). As noted by Ahmedani (2011), social constructionist approaches that view stigma as developing at a societal level before being internalized by individuals have proved valuable in providing effective theoretical accounts of how stigma develops and becomes entrenched in contemporary society. Socio-cognitive

models emphasize the stigma process as being comprised of three main components: stereotypes, prejudice and discrimination (Corrigan *et al*. 2003). As part of these components, certain cues (erratic movements, talking to oneself or ways of dressing) lead to stereotypes about the person (that individual is crazy), that, in turn, lead to prejudice in the form of an emotional, affective response (visible disgust or fear). This results in a subsequent discrimination that occurs through a behavioural response (I won't talk to that individual, I will try to avoid them) (Corrigan *et al.* 2003: 163-164). They are based on the premise that humans seek causal understandings for behaviour. Stereotypes can involve the ascription of either negative or positive characteristics to certain behaviours or groups that, though often widely believed to be true, can be inordinately rigid in their characterisation or be factually incorrect (Barney 2007).

Another frequently employed model of stigma in social psychology is attributional theory. Like social-cognitive models, this perspective is based on the belief that humans seek causal explanations for emotional and physical behaviour, particularly if it falls outside of the norms of society (Weiner 1988). The attribution of certain ways of thinking to particular types of behaviours is thought to be primarily undertaken by individuals and groups in order to understand their environment to better control it. This helps prevent threats to the social, ethical, emotional, behavioural and moral standards of dominant social groups. Weiner (1985: 548) noted that 'once a cause, or causes, are assigned [a particular way of thinking], effective management may be possible and a prescription or guide for future action can be suggested'. Researchers adopting this model have found the degree to which stigmatized behaviours are viewed by society as being controllable influences the associated affective and behavioural responses of the viewer (Hinshaw 2007: 82-84). Physical deformities often lie outside of the control of many human beings (some people are born with one arm or leg). As such, the associated affective and behavioural responses are often mild, though potentially still stigmatising (for example, demonstrating pity). Mental illnesses, along with criminal and deviant behaviours, are often viewed by society as being potentially controllable and, as a result, illicit more punitive affective and behavioural responses (for example, anger, fear, disgust and avoidance) (Weiner 1988; Hinshaw 2007: 82-84, 124). This causal link, in conjunction with research that shows that certain mental health issues lead to violent and unpredictable behaviour (Cain *et al.* 2014), helps to explain societal reactions to mental illness in contemporary Western society.

The behaviour of mentally ill people can also be understood from this perspective as challenging the moral integrity and social basis of dominant societal 'in-groups'. If mental illnesses are the result of chemical imbalances in the brain, or other uncontrollable factors, that can occur in any member of the population, then 'healthy' members of society are incapable of preventing themselves from potentially one day being afflicted by a disorder that may relegate them to the realm of the 'irrational' (Hinshaw 2007: 81-82, 83, 95-97, 123-124). The fact that they are currently 'rational' has little to do with controllable factors, as it is based largely on chance or fortune. Such a notion reminds 'healthy' members of society of the vulnerability of rational thought and the arbitrary and unstable nature of life by interfering with the strong desire of people to manage their anxieties about life, death and tragedy (Hinshaw 2007: 82-83, 95-97). In this way, sufferers of mental illnesses face a difficult situation. As Hinshaw (2007: 124) argues:

> When their disturbed behaviours are viewed as the products of deterministic forces that transcend their personal control, a sense of pessimism or even fatalism is likely to predominate. On the other hand, the attribution to an underlying weakness or lack of resolve fosters harsh, moralistic reactions. Either way, responses are unlikely to be benign or empathic.

This is an important point to highlight. As is shown in Chapters Six through Nine, certain visitors at all three of the case study sites grappled with the sense of vulnerability that mental health issue can engender. This had an impact on the way visitors viewed the exhibitions and influenced how they engaged and disengaged with the material.

One problem with these theories is their focus on perpetrators of stigma. This means that those who suffer from stigma and who engage in self-stigmatising practices are often overlooked when discussing the issue of stigma (Yang *et al.* 2007). As stigmatisation is likely to be derived from a number of sources, it is difficult to gain a comprehensive understanding of this phenomenon without reference to structural, social and individual frames of understanding. Yang *et al.*'s (2007) conceptualisation of stigma goes some way to restoring a balanced focus on both the stigmatised and the stigmatiser and helps to demonstrate the link between social and structural forces and their impact on stigma.

Yang *et al.* (2007) argue that stigma is best understood as operating under the categories

of stereotyping, prejudice, emotional reactions (that is, affective responses) and status loss (for example, structural discrimination by workplaces, such as being defined as incapable of contribution to the workforce, etc.). All of these occur after the application of negative *labels* to people, groups and actions. Labels allow society to define and categorise differences and similarities through the process of comparison. In essence:

> People distinguish and label human differences: … dominant cultural beliefs link labeled persons to undesirable characteristics – to negative stereotypes … and labeled persons experience status loss and discrimination that lead to an unequal outcome (Link and Phelan 2001: 367).

It is argued that labeling stems from the human instinct to identify with in-groups and out-groups (Hinshaw 2007: 76-77; Markowitz 2014). Association with a particular group that is perceived as similar to oneself, or as being able to promote one's social interests and needs, serves several functions. It provides improved access to resources (both social and physical), increased chance of survival, the ability to accrue status and prestige, and a heightened chance of reproduction (Hinshaw 2007: 76, 91). While research suggests that denigration of out-groups is not necessary to the formation of in-group social identity, humans from cultures the world over exhibit tendencies to ridicule those identified as outsiders (Hinshaw 2007). This is particularly true when competition for resources is scarce, with the helpless, needy and undesired often being seen as an unnecessary drain on the moral fiber or physical resources available to society (Hinshaw 2007: 91-92). Eugenics programs in the US operating until the 1990's and the sterilization of the disabled and homosexuals during the 20th century are modern examples of this (Hinshaw 2007: 17, 161-165). By ridiculing out-group/s, the status, structure and perceived legitimacy of the social and political hierarchy of the in-group/s are inevitably strengthened through comparison (Ottati, Bodenhausen and Newman 2005). This defines and reinforces commitments to the social norms and ethical and moral standards of the in-group and protects against behaviours that could challenge the status quo (Phelan, Link and Dovidio 2008).

3.5 Mental health in museums

Chapter Two reviewed changes to the structure and practices that have occurred in museums over the last two decades. The above section of this chapter highlighted the theoretical underpinnings that explain how mental health stigma manifests within Western societal attitudes. This study now discusses how mental health and illness has

been approached within museums. It discusses reasons behind the tendency of museum practitioners to eschew the issue of mental health despite changes in policy and practice to be more inclusive of difficult social topics and vulnerable community groups. It also highlights the lack of studies focusing on the impact that mental health exhibitions have on visitors, as opposed to the wide array of research that exists on the positive impacts that museum visiting can have for people suffering from mental health conditions.

Several studies that have looked at mental health and museums have focused on evaluating the therapeutic benefits that museum visits may offer for sufferers of mental illnesses. Ander *et al.* (2013) have studied how museums foster creative exploration and reduce negative thoughts by providing mental health sufferers with specialized activities like clay crafting and validation of experience through sharing their stories with other sufferers and the public. Ander *et al.* (2013) analysed 66 object-handling sessions with 88 elderly in-patients in the UK suffering from various cognitive and neurological degenerative disorders. Interviews were undertaken before and after each session and qualitative analysis of the data was employed to consider the ways in which improvements had occurred in reported social and physical functioning, well-being and health (Ander *et al.* 2013). Findings indicated that object handling reduced some of the impacts of long-term hospitalization. A notable reduction of negative emotions, particularly a preoccupation with their illness and a loss of identity, was noticed amongst participants who used the objects to reminisce on interesting, relevant or enjoyable moments that had occurred in their life (Ander *et al.* 2013: 210-211). Participants made comments such as:

> I remember when I was a kid and used to eat them. There used to be a pub on the corner where we used to live, and of a weekend my Nan used to send us down there to get some cockles and shrimps (Ander *et al.* 2013: 212).

> I can tell my grandchildren about this when they come to visit me, I can't usually think of anything to say (Ander *et al.* 2013: 212)

The positive impacts found in such studies are important and encouraging. However, few studies of exhibitions in Western society have sought to understand how the general public may view and be affected by mental health displays. This may be because there are not a significant number of mainstream exhibitions that have explicitly discussed the topic of mental health. As noted by Besley (2014: 148), issues of mental health remain 'largely off-limits, approached tentatively and with caution' within museums. This is a serious issue given that museums could provide sensitive and nuanced depictions of the

mentally ill in a media sphere that often portrays the mentally ill as violent, unstable or unpredictable (Stuart 2006; Cain *et al.* 2014).[4] The studies discussed above about the stigma given to mental health provide some explanations for the continued trepidation to tackle mental health within a museum context. This includes the fear caused by the emotionally destabilizing nature of mental illnesses (a point discussed in depth in Chapter Five), and the tendency to view those with mental health issues as responsible for their suffering. Veis (2011) provides additional explanations for the perceived public and academic disinterest in presenting mental health. Many visitors, as shown in Chapter Two, take great efforts to avoid engaging with emotionally confronting material (Smith 2010, 2011, 2017b). As noted by Veis (2011), discussions aimed at reducing the stigma surrounding mental health require visitors to engage in the realm of emotion, to feel compassion and empathy for sufferers. It can also stimulate dialogue around other emotionally charged issues of gender, conceptions of normality and changing views of health, wellbeing, life and death (Veis 2011).

The lack of studies concerning the impact of mental health and psychiatric exhibitions upon visitors may also stem from the types of exhibitions currently open to the public. Depictions of medical and psychiatric institutions in exhibitions and other forms of media have tended to emphasise certain voyeuristic aspects of the history associated with mental health (Coleborne 2011; Veis 2011). Labrum (2011) argues that many museums tend to present objects, like straitjackets, restraining cuffs and crude nineteenth-century treatment apparatus to attract visitors by portraying asylums as violent storehouses of society's unwanted. This overemphasis on stereotypical objects has come at the expense of a more objective representation of many mental health facilitates and has led to 'sensationalist' and popularist interpretations of insanity and asylums (Labrum 2011: 66). For instance, Labrum's (2011) research at *Porirua Hospital Museum* on the North Island of New Zealand noted that it exhibited a seclusion room to restrain difficult patients. According to Labrum (2011), this became the focal piece of the exhibition and was intended by the curatorial staff as such. While ECT machines and restraint jackets were undoubtedly a reality for many psychiatric patients at such institutions, objects like crockery, sporting equipment used for communal sports days and formal clothes worn on special outings that were often far

[4] See Sandell (2016: 131) and Dodd et al. (2010) for more on how museums have provided alternative outlets for nuanced discussions on issues such as transgender rights and disability when compared with those depicted in mainstream media-discourse.

more relevant to many patients' lives, were not accorded the same attention in this and other exhibitions (Labrum 2011). As such, Labrum (2011: 79-80) contends that recent exhibitions have allowed 'visitors in the present to forget what more recent scholarship on families and asylums has shown'. This is namely that asylums provided refuge for many, with some families happy to have their family members go to these places in the hope of relieving themselves, and the sufferer, of some of their emotional and physical burdens.

A number of exhibitions and museums dedicated to challenging visitors to think about concepts of normality and mental health and illness do currently exist. The *Het Deleehoys Museum* in, Haarlem, Holland is the national Dutch museum for psychiatry and is housed in a former mental health institution. It encourages 'visitors to think about the boundary between crazy and normal and question representations of madness' (Dolhuys 2018). Previous exhibitions have covered social engineering, issues around body image and 'outsider' artwork and its relationship to health and spirituality. *Museum Dr. Guislain* in Ghent (2018), Belgium is located on the grounds of the former *Guislain Asylum*. A lack of understanding about mental health and psychiatry, in general, was the impetus for establishing the museum that displays medical objects and artworks by individuals with various mental illnesses. Previous exhibitions have looked at the history of the building and of psychiatry throughout Europe, and 'outsider art' within a European context. *Museo Laboratoria Della Mente* (2018) in Rome is a small museum that documents the 500-year history of *Santa Maria Della Pieta Hospital Complex* as a hospital for poor foreigners and as a mental institution for the insane. It focuses on 'the fight against the stigma of mental illness and for the promotion of mental health'. The museum has an archival unit and a Centre for Study and research. Likewise, *Tatiana Goncalves* (Brazil) and *Mia Lejsted* (Denmark) have touched on similar aspects of mental health issues. However, to this author's knowledge, no scholarly studies have been carried out at any of these sites regarding their impact on audience members' views of mental illness and health. There is no way of knowing if these institutions are generating beneficial changes in visitors' views and broadening their understanding about mental health, or, conversely, if they are resulting in a voyeuristic, hardening of views about the mentally ill.

Similar examples of small-scale exhibitions discussing mental health issues also exist. Of particular note was the *Hidden Now Heard* project that looked at individuals in

Wales with learning disabilities. The project involved Mencap, a learning disability charity, gathering oral testimonies from former patients and staff who had worked or lived in six long-stay hospitals in Wales that closed in 2006 (Hunt n.d.). Mencap worked with former patients and staff to determine how their stories would be told. A permanent exhibition was established at *St Fagan's National History Museum* and temporary exhibitions were subsequently shown around the country. This project started in 2015 and ended in 2017 (Hunt n.d.). It was unusual in the sense that non-heritage practitioners undertook the project and it had no agenda other than to provide an honest representation of the lived experiences of those who lived and worked in these institutions (Hunt n.d.). Another interesting project was an exhibition titled *A Closed World: The Asylum System in Victoria* that was curated in 1998 by Coleborne (2011). It was held at the *University of Melbourne* and sought to plot the social history of asylums in Victoria and of their patients. Coleburn (2011) noted that the exhibition looked at themes ranging from identifying insanity, changing medical treatments and patient populations. Coleburn's (2011) study focused on discussing trends in histories of exhibited psychiatry and did not include a discussion of audience reactions to the exhibition. She (2011: 24-25) singled this out as an area in need of further research:

> Although my research has not extended to audience and visitor perceptions of museum exhibitions, this is one direction such research should take so that we might better understand the impacts and meanings of mental health collections and their display.

There is, therefore, a need to assess the interplay between depictions of mental illness and visitor attitudes. More mainstream museums are beginning to look at this topic and more visitors will inevitably be exposed to it. These exhibitions could offer the potential for increasing constructive empathy for sufferers in broader society by increasing awareness of the stigmatisation of mental illness. Research demonstrates that exposure to a stigmatised phenomenon can result in reduced rates of prejudicial thinking (this is discussed further in Chapters Seven through to Nine) (Corrigan and Watson 2002; Livingston *et al.* 2012; Simmons, Jones and Bradley 2017).

3.6 Conclusion

This chapter reviewed theories regarding the development of stigma in Western society. It discussed why sufferers of varying mental illnesses continue to be avoided by some members of society due to the sense of vulnerability mental illnesses engender. Mental

illnesses challenge our sense of control over our health and rationality. Societal discomfort with mental health issues suggests why this topic has tended to be seen as 'off-limits' by museum practitioners, particularly as it asks visitors to imagine legacies of abuse or suffering and to reduce the distance between 'self' and 'the other'. Such a task risks re-traumatising those who have difficult personal experiences of mental health issues and requires a significant degree of emotional labour that some visitors may not possess.

The understanding of the process and impact of mental health stigmatisation outlined in this chapter provides a framework for analysing the interactions between museum and community, and between visitor and exhibition, that occurred at the case study sites in this research. As is shown in Chapter Five, curators in this study were worried about upsetting visitors. This worry led to friction between the mental health community participants and curatorial staff. Likewise, certain visitors struggled to process their thoughts and feelings about mental illnesses which led, as it will be argued, to distancing. Before looking at results from the interviews collected, it is important to discuss the case study sites in detail and the methods that were used to collect and analyse the data.

Chapter Four

Methods

4.1 Introduction

A mixed method research design consisting of open-ended, qualitative interviews with visitors, curators and community stakeholders was used in this research. A case study approach was adopted and quantitative measures were drawn on to aid in determining the statistical significance of certain themes that arose. This helped to verify interpretations of the qualitative data. The following section begins by highlighting several arguments in relation to the ontological and epistemological paradigmatic debates that surround qualitative, quantitative and mixed methods research methodologies. This justifies the use of the methods employed in the research as a suitable mechanism for investigating the research questions. Next, it reviews the interview questions that were implemented to collect data, as well as discussing the coding schema that was used to group and analyse this data. Explanations are then offered regarding the types of cross-tabulation that were undertaken and the tests of statistical significance that were used. It then moves to discuss the case study sites and their contextual backgrounds, and finishes by providing notes on the formatting contained throughout this study.

4.2 Overview of interpretivist, positivist and mixed method approaches

Qualitative, quantitative and mixed method research methodologies have been frequently debated within social science research over the last two decades. Some have argued that these two research approaches are rooted in distinct philosophical positions that are incompatible with one another (Smith and Heshius 1986; Schwandt 1998). Quantitative studies are often based on positivist worldviews that stipulate that there are universal truths that are objectively knowable outside of subjective interpretation (Shkedi 2005). Qualitative research tends to be drawn from interpretivist positions (Rubin and Babbie 2009: 37). These contend that there are no hard truths and that knowledge, fact and reality are products of subjective interpretation (Lincoln and Guba 1985: 37). Others argue that interpretivist and positivist approaches can be combined and that the practical differences between the two are not as vast as is often assumed

(Roberts 2002; Bryman and Becker 2012).

Denzin and Lincoln (2011) define interpretivist philosophies as a type of social inquiry that analyse the way people interpret and make sense of their life experiences. Such approaches have a long-standing tradition within a museum context (Hooper-Greenhill 2006). As noted by Hooper-Greenhill (2006), visitor studies in museums cannot simply rely on quantitative methods for observing what visitors do. This is because the dizzying array of subjective interpretations undertaken by visitors means that researchers must also implement interpretivist, qualitative strategies that can account for the varied range of ways that they make sense of museum material and messages (Hooper-Greenhill 2006). A qualitative research approach lends itself to the nature of this study. This is because this research is interested in understanding the varying meanings that visitors generate at museums that display mental health material. As part of this, it seeks to understand how each visitor makes sense of their visit through the lens of their varying social, cultural and political views. Open-ended questions were implemented as they provided the flexibility required to facilitate the exploration of the varying responses offered by visitors at the case study sites.

It is important to recognise criticisms that have been levelled at qualitative methodologies and interpretivist philosophy, as well as mixed method studies. Criticisms have been aimed at the validity, reliability and generalizability of qualitative methodologies in particular. The problem, according to Schwandt (1998: 246), is what he describes as the 'lack of critical purchase' in constructivist and interpretivist research. He argues that this has resulted from an uncritical integration of the perceptions of the researcher with the position of the actors in the research setting. However, proponents of qualitative research like Lincoln and Guba (1985: 37) have argued that it is impractical to apply the notion of validity as defined by quantitative approaches to a qualitative study. This is because qualitative studies reject the premise that there is a reality external to subjective perceptions and interpretations. As such, it makes little sense to apply quantitative notions of truth and falsity to qualitative studies. Instead, qualitative studies should aim to be as credible, believable or accurate from the perspective of the participant participating in the research (Creswell and Miller 2000).

Other scholars have noted that the issue of validity is as much a problem for the positivist, quantitative researcher as it is for the interpretivist. Kincheloe (2003: 212-

213) contends that neither qualitative nor quantitative approaches are sufficiently wide enough by themselves in their approach to ensure true validity. Kincheloe (2003: 213) argues that:

> Scientific research is not adequate simply because it is valid and reliable in the positivistic sense. Adequacy must take into account moral considerations, purposes and ethical premises…

He challenges many of the assumptions contained within the positivist paradigm and, in particular, its claims to external validity and the Cartesian obsession with the limitations of what can be known from observation on this basis. Kincheloe (2003) casts doubt not only on positivist epistemology but also its adequacy in addressing research questions that require situational understating in socio-political contexts.

Mixed-method approaches mitigate, to a degree, a number of problems regarding validation. These approaches stipulate that qualitative and quantitative methods can be integrated together in a single study to help with verification of results. Mixed method approaches have come under criticism, as well as defence, for their assumption that qualitative and quantitative approaches can be satisfactorily employed together (Bryman and Becker 2012). Smith and Heshusius (1986) contend that the differences in worldview that underpin qualitative and quantitative research approaches that have been highlighted by Lincoln and Guba (1985) demonstrate their inherent incompatibility. If the two epistemological positions define truth differently, then each will have a different conceptualisation of what constitutes validity, and whether and how it can be measured (Smith and Heshusius 1986).

Conversely, proponents of mixed method approaches have argued that the insistence on pairing epistemology with method is not easy to sustain and that the practical relationship between qualitative and quantitative methodologies is often more blurred than is assumed (Roberts 2002). An example of this can be seen in the fact that a common distinction given for qualitative and quantitative research is that one works with verbal data and the other with numerical (Roberts 2002). This distinction is not clear-cut and does not acknowledge that most quantitative studies account for their data in linguistic terms and, likewise, many qualitative studies code their data in quantitative terms. It is, argues Roberts (2002) and Bryman and Becker (2012), better to focus on making sure the chosen methodology is best suited to answering the research question.

Indeed, Bazeley (2004) is likely correct when he notes that it is impossible that such paradigmatic debates will ever be satisfactorily resolved.

It is worth mentioning that certain perspectives on the use of mixed methods offer an imperfect, yet functional, way forward (Bryman and Becker 2012). Dialectical approaches to mixed-methods research argue that mixed methods should not be seen as a way of compensating for inherent paradigmatic weaknesses of a study (Greene and Caracelli 1997). Instead, it should be seen as a dialectical process that seeks to place results in dialogue with one another. It aims to create a more comprehensive explanatory framework that strives not for universal truth or confirmation between frameworks, but for enhanced contrast and comparison between distinct ways of thinking and analysing (Greene and Caracelli 1997). This conceptualisation is valuable as it allows for the use of quantitative statistical analysis to verify or provide further insight into the relevant aspects of the data and dialogue that is procured by way of qualitative research and interpretation.

It is necessary to mention that no extravagant claims are made for the research presented here. The strategy employed is formulated based on the discussions outlined above. If hard generalisability is not sought from the in-depth, open-ended interviews that were carried out, then some moderate conclusions might be reached and offered provisionally in the light of the methods adopted here and the possibilities implied by future research in this area.

4.3 Interviews and analysis

The case study sites in this study were the *Remembering Goodna* exhibition at *Museum of Brisbane* (*The Goodna)*, *The Mind: Enter the Labyrinth* exhibition displayed in *Melbourne Museum* (*The Mind*), *Bethlem Museum of the Mind* located in South Croydon, London (*The Bethlem*), and an exhibition titled *Bedlam: The Asylum and Beyond*, located at *Wellcome Collection* in central London (*The Wellcome).* Detailed background information about each of these four sites is given under section 4.4 of this chapter. However, it is useful to first provide an overview of how interviews were undertaken with visitors, curators and community stakeholders at each of these sites.

Interviews with staff and community members at each case study site were typically

done in-person or via Skype. All visitor interviews were done on-site. Visitors, curators and community stakeholders were each presented with a specific set of questions that were standardised for each group across the case study sites. It is important to highlight that visitor interviews were not conducted at the *Museum of Brisbane* because it closed before the commencement of this Ph.D, though interviews with community members and museum staff were still undertaken at this site.[5] Ethics clearance to undertake interviews, including visitor interviews, was granted by the *Australian National University* ethics committee before commencing fieldwork. Permission was obtained from all participants before interviews were undertaken to allow for an audio recording device to be used, and for interviews to then be transcribed, coded (see below for more), analysed and used for the research. Community stakeholders and museum staff, when possible, were first emailed a transcript of the sections of their interviews that were intended for use in this research to get their approval before any interview content was reproduced. All participants, whether curator, community stakeholder or museum visitor, were given an information sheet, or were verbally informed of the intent of the study, prior to commencing the interview. This outlined the aims of the study, potential risks, data collection and management procedures and notified participants that they were free to withdraw from the interview without reason.

Nineteen interviews were undertaken with community stakeholders and curators across the museums. Seven of these were associated with *The Mind*, four with *The Goodna*, five with *The Bethlem* and four with *The Wellcome*. Twelve of these 19 interviews were done via Skype, while the other nine were conducted in-person. Three community member interviews at *The Bethlem* were done via email at their request. Skype interviews were necessary as several participants nominated that they were too busy to do face-to-face interviews during this author's stay in the UK. Other interviewees had moved overseas since their involvement with the exhibitions. They averaged 48 minutes in length.

A further 255 interviews were undertaken with 358 visitors (95 visitors at *The Bethlem*, another 93 at *The Wellcome*, and 170 at *The Mind*). The reason for the discrepancy in the number of visitor interviews conducted was due to time restraints placed on the author by the UK museums (*The Wellcome* and *The Bethlem*) and the different visitations rates at each site. *Wellcome Collection* (where *The Wellcome* exhibit was

[5] The importance of including this site in this study is discussed later in this chapter.

displayed) and *Bethlem Museum of the Mind* (*The Bethlem)* allocated a maximum of two weeks for interviewing. *Melbourne Museum* (where *The Mind* exhibition was shown) allowed as many weeks as wished. This museum had very high rates of visitation.

4.3.1 Community and museum staff interviews

Questions used for interviews with community stakeholders were designed to assess a range of factors around the process of engagement. In particular, they focused on making sense of how community participants felt about their process of collaborating with the museums. Did, for instance, the museum staff provide adequate support during collaboration? Were support structures put in place and lines of effective communication established? Did participants feel comfortable voicing their opinions and were the listened to and acted upon? Did the museum's agenda differ significantly from participants' own agendas? In this sense, the questions were designed to better understand what community members believed would be achieved by their involvement with the museum, whether they found it difficult or easy to work with the museum, whether the reality of engagement met their expectations and how they hoped visitors would react to the final exhibition product. The core questions format was based around the following questions:

1. Could you tell me about the community group you are associated with or are a part of and how you fit in there?

2. Could you tell me how you came to be involved with the exhibition and what your role was?

3. At what stage in the development of the exhibition did the museum get in contact with you to ask whether you would like to be involved?

4. What did you hope would be achieved by being involved with the exhibition and was the museum supportive of your goal/s?

5. Do you think that these things were achieved and are you happy with the way the exhibition turned out?

   – If yes, provide examples
   – If no, why? What barriers or issues prevented your goals/desires, etc. from being achieved?

6. How easy or hard did you find it to engage with the museum and its curators when discussing certain issues or topics? Do you think they listen/ed to you?

7. How do you feel the exhibition represented the issue of mental health and illness and the lives and experiences of those who deal with mental health issues?

8. Were there any particular issues, topics, ideas or concepts that were missing from the exhibition that you feel should have been included?

9. What did the museum and its staff do well, and not so well, in terms of allowing you to openly and honestly share your views, experiences and concerns on topics of importance to you?

10. Do you think that museums are the right places to try and create social change through, for instance, trying to reduce prejudicial attitudes towards mental health issues?

11. Do you have any other comments you would like to add in regards to your experience of collaborating with the museum?

Interview questions for the exhibition and museum staff were aimed at determining a range of factors. This included their attitudes towards community collaboration, their perspectives on the aims of the exhibition and the strategies they used for trying to achieve those aims. These questions also sought to determine opinions about the role of contemporary museums and the responsibility of museums to address difficult social issues. To this end, the following 16 questions were asked:

1. Could you provide some background as to how this museum/exhibition came about?

2. Why did you decide to discuss mental health and illness in the museum/exhibition?

3. The museum/exhibition does not simply discuss mental health issues. It also has a strong aim of combatting stigma around mental illness. Why do you think that it was important to adopt this angle in the museum/exhibition?

4. Did you employ any particular strategies to stimulate a rethinking in visitors' attitudes towards the topic of mental health and illness (for example, the layout and design of the exhibition or the use of certain content)?

5. Were there any concerns that you had about curating an exhibition or developing a museum that discusses the topic of mental health and illness and how did you engage with/ avoid/mitigate these?

6. Were there any particular artefacts, objects, stories or artworks that you thought might be problematic and why? How did you deal with this?

7. What visitor responses have you had to the exhibition and how have you measured this? For example, word of mouth, surveys.

8. Why did you decide that it was important to involve community groups in the development of this exhibition?

9. At what stage in the process of designing the exhibition did you decide to reach out to community groups?

10. How did you decide which community groups the museum would get involved with?

11. Were there any particular benefits or frustrations that you experienced when working with these community groups?

12. Why do you think these community groups wanted to work with the museum and what do you think they gained from this process?

13. Would you have done anything differently if you were given the chance to redo the process of developing this exhibition?

14. Were there any particular issues, topics, ideas or concepts that were missing from the exhibition that you feel should have been included?

15. Do you think that museums are the right places to try and create social change, through, for instance, trying to reduce prejudicial attitudes towards mental health issues?

16. Is there anything else you would like to share about your experience of developing this exhibition?

It is important to note that the questions for staff and community were standardised across the four case study sites. However, they needed to be fluid and open-ended to adapt to the different contextual settings of the museums, as well as to the different roles of the staff interviewed. Some museums had infrequent and informal meetings with community members, while other museums utilized an on-going and more structured form of community panel that met regularly in the process of exhibition development. Some museums had dedicated community staff workers, while others relied on the curators to facilitate the process of community involvement. This meant that certain staff could only answer certain questions at each museum. Interviews with the curators and community stakeholders were read through to identify similarities, differences and points of interest in relation to the aims discussed above. Given the

relatively small number of these interviews, and unlike the visitor interviews discussed below, these were not coded in relation to a specific coding sheet.

4.3.2 Visitor interviews

Visitor interviews were conducted on-site at the exit of the museum or exhibition (each museum or exhibition had a clear, single entry and exit making this possible). This meant that visitors could look through the entire exhibition/museum prior to undertaking an interview. Visitors were approached at the end of their visits and asked if they would be willing to participate in an interview. The rejection rate across the museums was approximately 8% and visitors could nominate if they wished to do the interview by themselves or participate together if they were visiting with a partner, friend or family member. Interviews were conducted in specifically chosen areas to ensure the participant's comfort and to increase their confidence that responses to questions would go unobserved by other visitors. Interviews at *The Mind* were conducted on a large couch located in a quieter location about 20 meters from the exhibition. Visitor interviews at *The Wellcome* were undertaken at the back of a central staircase in the main foyer that was usually empty and had a couch that was partially hidden from view. *The Bethlem* was quieter (often there was only one group in the main foyer at a time) and, as such, interviews were conducted at a set of table and chairs in the foyer. In addition, visitors with young children (sixteen years or younger) were not asked to participate in the study. This is because when approached these visitors were often apprehensive as they found it difficult to manage to answer questions while supervising their children.

Visitor interviews across the three museums consisted of 22 questions. These were the following:

1.Male/Female

2. Are you visiting the museum by yourself or in a group?

1. Visiting by self
2. Visiting with friends/partners
3. Visiting with family/husband or wife
4. Visiting with family and friends

3. If I show you this form could you point to the category you fall into?
The age category card contains the following ages:

A 16 or under
B 17-24
C 25-34
D 35-44
E 45-54
F 55-64
G 65 and over

4. Are you from the UK, or overseas? (if overseas, where?) (Question was asked at UK museums)
Are you from Melbourne, interstate, or overseas? (If overseas, where) (question asked at Australian museums)

5. How would you define your ethnic background or affiliation?

6. What is your occupation?

7. How many times would you visit a museum in an average year?

8. What motivated you to visit the museum today?

9. What motivated you to visit *The Mind exhibition/ The Bedlam exhibition/ The Bethlem Museum?*

10. What part or parts of the museum did you enjoy most or find most interesting?

11. Were there any parts of the exhibition you disliked or found uninteresting?

12. Is there anything that you think could have been relevant that has been left out of the museum/exhibition?

13. How did the museum/exhibition make you feel?

14. Were there any specific parts that prompted you to reflect on anything of particular interest or importance?'

15. Are there any aspects of your identity that made your visit particularly meaningful or interesting?

16. Are there any content or certain messages that the museum has raised here that you particularly agree or disagree with?

17. What meaning or importance does a museum/exhibition like this have for contemporary society's understanding of the human mind?

18. Is there anything you've seen/read/heard today that has altered your views on certain issues or topics?

19. Do you think that museums are appropriate places to raise the themes, content and messages that were brought up in this exhibition/museum?

20. Is mental health an important or appropriate part of the exhibition? (Question only asked to visitors at *The Mind.* Only asked if visitors independently mentioned mental health during other parts of their interview)

21. Is there anything you might get from discussing mental health within a museum context that you would not get in other contexts (for example, television)?

22. Will you take away anything in particular from your visit?

These questions drew on Smith's (forthcoming, Emotional Heritage, London, Routledge) interviewing schedule. It was deemed important to closely follow a number of Smith's visitor questions as this research sought, in part, to investigate her claims around visitor learning and the desire of visitors to reconfirm various values and beliefs within the unexplored sphere of mental health issues. To this end, visitors were first asked a number of demographic questions designed by Smith (forthcoming, Emotional Heritage, London, Routledge) that determined, age, gender, ethnicity, nationality, occupation and how often they visited museums (refer to questions one to seven provided in the above example). Eighteen open-ended questions followed. Six of these 16 questions closely followed Smith's (forthcoming, Emotional Heritage, London, Routledge) coding schedule, though the wording was adapted to suit the context of the case study sites in this study. For example, Smith (forthcoming, Emotional Heritage, London, Routledge) asked the following questions:

1. How does it make you feel to visit this place?

2. Has anything that you think could be relevant to this exhibition been left out?

. 3. Are there any messages about the heritage or history of Australia that you take away from this place?

4. What meaning, if any, does an exhibition like this have for contemporary Australia?

5. Is there anything that you have seen/read/heard that has changed your views about the past or the present?

6. Is there any aspect of your personal identity to which this exhibition speaks or links?

These questions were modified to the following for this study:

1. How did the museum/exhibition make you feel?

2. Is there anything that you think could have been relevant that has been left out of the museum/exhibition?

3. Are there any content or certain messages that the museum has raised here that you particularly agree or disagree with?

4. What meaning or importance does a museum/exhibition like this have for contemporary societies understanding of the human mind?

5. Is there anything you've seen/read/heard today that has altered your views on certain issues or topics?

6. Are there any aspects of your identity that made your visit particularly meaningful or interesting?

The remaining questions were designed to further identify various forms of engagement with the historical and contemporary narratives around mental health and illness that were displayed in the exhibitions. The interview schedule for visitors aimed to determine a visitor's level of emotional engagement, their motivations for visiting the museum/exhibit, how they perceive the role of the museums, whether they identified with the material on display, what messages they deemed important, what they felt they would take away from their visits and what they believed the importance of such exhibitions or museums to be. Only two questions mentioned mental health and were only asked if the visitor independently mentioned mental health during their interviews. This helped to ensure visitors were not being led to discuss mental health if they did not identify it as an important or interesting component of the visit. These two questions were as follows:

1. Is mental health an important or appropriate part of the exhibition?

2. Is there anything you might get from discussing mental health within a museum context that you would not get in other contexts (for example, television)?

All interviews were transcribed and read through to identify themes both in relation to each specific question, as well as in relation to the interview as a whole. Each response to individual questions was coded according to the themes that emerged in the initial read through.[6] These codes were useful in determining specific trends in the data, for

[6] Further explanations of these codes are discussed later in this chapter under the heading Visitor Coding. A list of the coding schemes used in this study can also be found in the Appendix.

example specific parts of the exhibition that did or did not resonate with visitors. Conversely, entire interviews were also coded using the idea of 'registers of engagement' as put forward by Smith (2011) and Smith and Campbell (2016: 444-446), and as was discussed earlier in the literature review. These registers refer to measures of the varying levels of a visitor's overall engagement in relation to the topic of mental health when looking at a visitor's *entire* interview. Visitors were coded in relation to two registers; one measuring their overall level of emotional engagement with the exhibition material; and the other measuring the specific ways in which they engaged with the themes, messages and content relating to mental health. The purpose of distinguishing these two registers was to explore the degree to which visitors to such exhibitions do or do not deal with contemporary issues relating to mental health and to understand the emotional and intellectual strategies they use while attempting to engage or disengage. Emotional coding was also undertaken because, as discussed in the literature review, emotions have been recognized as an important and little understood part of the visiting experience (see Smith 2011, 2016; Watson 2016**;** Tolia-Kelly, Waterton and Watson 2017 for more on the centrality of emotional experiences to museum visits). The codes used to assess a visitor's engagement or disengagement when looking at an entire interview helped to demonstrate broad and interlinking patterns that arose in and between visitors at each case study site.

The data was then analyzed using both NVivo 11.4.0 for Mac and SPSS version 23 for Mac (the coding scheme is discussed later in this chapter). SPSS provided a range of frequency statistics and allowed for cross-tabulations between individual questions and the overarching codes for engagement or disengagement. Cross-tabulations were made with the demographic categorical variables, and chi-square and Fisher's exact significance tests were undertaken to measure statistical significance, though statistical significance was not expected in these cross-tabulations due to the small sample size. Variables used for cross-tabulations included gender, identity, age, occupation, motivation for visit, frequency of museum visits, the museum at which the interview was undertaken and the overarching codes for engagement with the mental health themes and emotions that were raised.

This was beneficial in examining relationships within the data set that might not have been readily apparent. Cross-tabulations between these overarching codes with individual questions about gender, age and occupation helped to show, as an example,

whether there was a correlation between these factors and increased, or decreased, levels of emotional distress or avoidance of critical examination of the mental health themes. Cross-tabulation with individual questions around motivation helped to highlight whether visitors who were defined in this study as being engaged when looking at their interview were motivated to attend the exhibition by specific factors (such as having previous personal experience with mental illnesses). Nvivo allowed for streamlining of data during the information gathering process, as interviews could be pooled into various groups based on a range of factors (for example, their tendency to use certain language).

4.3.3 Visitor coding

An example of the aforementioned coding process for visitor responses to individual questions can be seen in relation to the following question '*What motivated you to visit the museum today?'*. Responses to this question were coded using one of the following seven categories across the museums:

1. Visitor had a specific interest in the topic or exhibition
2. It was relevant to visitors personal or professional life
3. Tourism (for example, it's something to do, I'm visiting with a partner)
4. For a school or business trip
5. Visitor was a regular visitor or supporter of the museum
6. Visitor made a comment about learning/education
7. Visitor was interested in another exhibition or topic being shown at the museum

Visitors also fit into one of six codes in relation to their overarching levels of engagement with the *emotions* raised by the exhibitions (that is, when looking at an entire interview). The registers used were relative to the interview population (that is, for each museum). These categories encompassed a number of emotional responses and the codes, and the criteria that each contained in order to categorise participants into each code, are discussed below. This study is generally referring to visitors that fit into codes five or six when discussing those who were positively engaged with their emotions:

1. Neutral or Information-Based
2. Distressed
3. Frustrated
4. Basic Emotional Statements
5. Engaged Positive Mild to Strong Emotion.
6. Confronted but Empathetic

Neutral or Information-Based:

Participants in this code showed little emotion throughout their interviews, including when asked how they felt. Ideas and feelings were expressed almost entirely within an information-based context (for example, 'The exhibition was interesting').

Distressed

These visitors *explicitly* stated that the material was too confronting. Open efforts were subsequently made by most of these visitors to disengage from the themes about mental health issues (for example, leaving the exhibition or moving to another section).

Frustrated

These visitors stated they were frustrated by the design of the exhibition or by another particular element. They stated this impacted negatively on their overall experience of the exhibition. Often these visitors were so frustrated that this hampered their ability to engage with the exhibition messages or material.

Basic Emotional Statements

Participants in this code made a number of emotional statements that did not extend past simplistic expressions of sadness, regret or acknowledgement (for example, 'it was upsetting', 'it was sad'). Little effort was made to unpack these expressions and, as such, these expressions did little to elucidate what the visitor felt and why.

Engaged Positive Mild to Strong Emotion

These visitors acknowledged the confronting nature of the material. Efforts were made to actively explain where these emotions came from or what they were in response to. They also often noted that these emotions were a positive or natural part of the exhibition.

Confronted but Empathetic

This code included people who were reflecting on peoples' experiences with mental health from an emotional and personal point of view. They did so often by relating the material to their life and spent reasonable portions of the interview grappling with the emotional dimensions of the exhibition. Visitors in this code tried to make sense of how living with a mental illness might be for other people in terms of how it would feel. The emotionally difficult

components of the exhibition were also explicitly acknowledged. Several of these visitors expressed notions of outrage at the historical treatment of people with mental illnesses or the ongoing treatment of mental illness in contemporary society.

As mentioned above, entire interviews with visitors were also coded based on the overarching level of engagement with the exhibition themes, content and messages that visitors exhibited. Visitors fit into one of five codes. These are listed below. This study is referring to visitors that were placed in codes two, three or four when talking about visitors that were engaged with the mental health themes when looking at the entirety of an interview. Likewise, unless otherwise stated, this study is referring to visitors who fell into code one when discussing visitors that were generally disengaged. It also refers to a further code of visitors who appeared uninterested in the mental health elements of the exhibition that is discussed later in this chapter.

1. Basic, Clichéd or Unelaborated
2. Assessing Social Consequences and or Reflecting on History
3. Deep Personal
4. Heritage Pilgrim/s

Basic, Clichéd or Unelaborated

Participants in this code offered a basic degree of engagement with the topic of mental health. Some reflected on historic or contemporary attitudes towards treatment or methods of treatment. This typically did not go beyond relatively shallow statements (for example, 'it was interesting', 'it provided a better understanding'). These responses about mental health issues were often left unelaborated, even when prompted by the author (for example, 'mental health is a big issue in society today, *Why?*, It's just important, I guess'). Several participants in this code made attempts to disengage or prevent deeper thought on the issue of mental health through the use of platitudes (for example, 'I am already aware of mental health issues and therefore do not need to think deeply about them'). These visitors were usually not defined as being emotionally engaged, nor did many of these visitors clearly articulate what they would take away from their visits when asked.

Assessing Social Consequences and or Reflecting on History[7]

These are interviews where participants spent several parts of the interview reflecting on the historic and contemporary legacy of mental health treatment. Others reflected on peoples' experiences with mental health issues, changes in societal attitudes towards mental health or the importance of raising awareness around the difficulties of living with mental illnesses. Statements made by these visitors about mental health, unlike visitors in the previous code, were

[7] This code is often referred to in this study as simply *Assessing Social Consequences*

elaborated upon (examples of this are shown in Chapter Eight). These visitors used platitudes far less frequently and appeared less indifferent than visitors in the previous two categories. These visitors tended to be more emotionally engaged in their interviews than visitors in the previous two codes and often talked in detail about what they would take away from their visits when asked.

Deep Personal

Participants in this code spent much of the interview reflecting on the topic of mental health, and a significant amount of this reflection was from a personal perspective. That is, they often actively attempted to relate the topic of mental health to their life in order to work through the difficult emotional and intellectual issues that the exhibition raised. In this sense, the deep relevance often helped visitors to think critically about historical and contemporary issues about mental illnesses. They also tended to identify the exhibition content, and mental health in general, as being directly relevant to their life due to personal or vicarious experiences with mental health issues. They also had a tendency to be experienced museum visitors (that is, they visited twice a year or more). Participants regularly, though not always, showed constructive empathy in their response. Some people in this code came specifically with the intention of reflecting on the exhibition materials significance to their own lives. Others did not intend to draw strong parallels between the exhibition material and their own lives and some could even be shocked, when they made these links.

Heritage Pilgrim/s

Like *Deep Personal* visitors, participants in this code were highly engaged with the issue of mental health. Responses to interview questions were elaborated upon at length and in depth. They also exhibited a tendency to visit museums regularly (that is, two times a year or more). Heritage Pilgrims tended to commonly visit with the express intention of drawing deep connections between their own lives and the material. Often, for example, they highlighted both the materials relevance to their life, and their reason for visiting, as being directly related to their personal experiences with mental health issues when asked questions about identity and motivation for visiting. As a result, their visits tended to be highly emotional. These emotions were often strong but positive. When asked what parts of the exhibition they enjoyed or what they would take away, often they highlighted they enjoyed or would take away a sense of shared identity based on severe experiences of mental illnesses.

Most of the 358 visitors fit into these overarching codes for engagement with the themes when looking at their entire interviews. The specific mental health focus of several of the case study sites (discussed under section 4.4) meant that many visitors had come specifically to see the exhibitions, and were thus likely to fit into the broad categories for engagement. However, several visitors did not mention mental health as an interesting element of the exhibitions. A further code titled *Uninterested, Unaware, Unrelated* was made to accommodate these visitors:

Uninterested, Unaware, Unrelated

These visitors did not mention mental health as an important or interesting part of the exhibition. Others in this code made limited references to mental health issues (that is, one or two brief statements). Individuals who briefly mentioned mental health made clear that they felt it had little to do with them, as they had no experience either personally or vicariously with mental health issues.

4.4 Case study sites

The aim of this research is to understand processes of community and visitor engagement at specific types of exhibitions and museums – those that present material related to mental health issues and that attempt to combat stigma. This meant that it was necessary to adopt a case study approach. Four different museums located in Australia and the UK were chosen to test the research questions, the *Remembering Goodna* exhibition at *Museum of Brisbane* (*The Goodna)*, *The Mind: Enter the Labyrinth* exhibition displayed in *Melbourne Museum* (*The Mind*), *Bethlem Museum of the Mind* located in South Croydon, London (*The Bethlem*), and an exhibition titled *Bedlam: The Asylum and Beyond*, located at *Wellcome Collection* in central London (*The Wellcome).*

Visitor interviews were not carried out at *The Goodna* as it closed before this study commenced. This meant that no visitor data could be used from this site during the comparison of visitor responses at the other three museums (Chapters Six, Seven and Eight). However, interviews with the curators and community groups involved in its development were undertaken and used during analysis of the varying approaches to curatorial-community collaboration (Chapter Five). It was important to include *The Goodna* as a case study site for several reasons. A major factor related to necessity. A limited number of exhibitions were looking at mental health and illness, had a specific focus on combatting prejudice around mental health issues, involved some form of community collaboration and were amenable to having in-depth interviews undertaken with staff, community participants and visitors during the data collection phase of this research.

It was, therefore, important to ensure that as many available case study sites were included during the initial sampling stage. It is for this reason why only one Australian museum with visitor results is included in the sample, while two from the UK are included. The framework for community engagement adopted by *Museum of Brisbane* during this exhibition was also unique and, as shown in Chapter Five, helps to

demonstrate a number of philosophical and practical issues that face curators and community members that decide to work on a project involving issues of mental health and illness.

Each museum displayed confronting material and stories relating to experiences of mental illnesses. This was vital to determine how visitors would react to emotionally confronting mental health material and messages. They also displayed similar material despite the differences in setting and contextual background. For example, *The Bethlem* was an entire museum dedicated to discussing mental health, while *The Wellcome* was housed in the *Wellcome Collection* building. This museum has a reputation for addressing a range of confronting issues (both mental health and otherwise). Conversely, *Melbourne Museum*, where *The Mind* is exhibited, operates under a general science framework and exhibits a wide range of child-friendly and adult-oriented exhibitions relating to science and cultural history. Restraint mechanisms, artworks by people with experiences of severe mental health issues, audio recordings of individuals discussing their experiences of mental health facilitates and treatments and historic artefacts and documents relating to psychiatric treatment were displayed at all sites. The similarities and contextual differences of each site were important as this research draws comparisons between the visitor samples at each site, while also determining if and how visitors to contextually different museums that exhibited similar material engage or disengage differently. Each of the sites also involved varying degrees of collaboration with community stakeholders in the process of developing their exhibitions. The presence of community collaboration efforts was necessary as this study sought to understand the types of community engagement efforts that were occurring at these museums with community mental health advocates.

4.4.1 *The Mind: Enter the Labyrinth* (The Mind)

Melbourne Museum in Victoria is one of Australia's largest museological institutions. It receives an approximate annual visitation rate of 1.4 million visitors (Boland 2015). Interviews with staff, visitors and community were undertaken at *The Mind* exhibition that is housed in the *Melbourne Museum* over a three-week period in February 2016. *The Mind* offers an interesting space to investigate the impact that these socially motivated exhibitions and museums are having on visitors' impressions of mental health. It discusses a range of subject matter ranging from consciousness, brain

functionality and emotional stimulation. It is set within a scientific, biological museum framework and the exhibition asks visitors to:

> Explore the workings of the mind by entering a world of emotions, thoughts, memories, and dreams. Step into the shoes of those that see the world from different mind perspectives. Discover the ways in which drugs and disorders affect our minds and question your attitudes to normality (Onlymelbourne, n.d.).

The exhibition is darkly lit throughout to provide the impression of entering the unknown. The exhibition begins with a light-up wall that depicts the many millions of neurons, synapses and neurological pathways that make up the human brain. The visitor then makes their way to the *Human Emotions* room were different psychological experiments that were used to stimulate certain emotional expressions are discussed. The work of the famous French Neurologist Duchene de Boulogne is highlighted and a walk-in film is exhibited that attempts to elicit the emotions of fear, disgust and anger in the visitor by depicting a number of various scenes. One scene shows an unkempt man who walks up to the screen and who subsequently vomits liquid from his mouth in an attempt to disgust the viewers. Visitors then move to the *Ames Room* where an optical illusion room is installed. The room has a glass mirror that visitors on the outside can use to look into the room. This, in turn, tricks the brains of the viewers looking into the room into expanding and contracting the size and shape of visitors who are inside. Visitors next encounter a section of the exhibition that houses a number of Dream Couches. These couches have a video installed in the ceiling that attempts to recreate a number of common dreams associated with anxiety, for example flying, falling, forgetting to do your homework and standing naked in front of a class.

Mental health is addressed throughout the exhibition as a part of this exploration of the human mind and the exhibition 'points towards the importance of continuing to remove stigma around mental health' as part of its aims (MMC1 2016, pers. comm., 14 July). [8] It is important to note that, unlike *The Bethlem* and *The Wellcome*, raising awareness about mental health is not the exhibition's primary goal. Mental health is primarily discussed as a means of explaining how the human brain functions and how it can malfunction or operate in a manner that can cause distress (MMC2, 2016, pers. comm., 20 July). Results from this study must be considered in light of this fact. The topic of mental health is an interesting and important aspect of the exhibition for many visitors.

[8] Members of staff, such as MMC1 above, and community participants at all case study sites were provided with codes to ensure, as far as possible, anonymity.

Mental health was brought up unprompted in 89% of the interviews that were undertaken and was one of the most popular responses when visitors were asked what they felt was the most interesting or important part of the exhibition (this is discussed further in Chapter Eight).

Significant sections of the exhibition contain confronting psychiatric objects and explicitly discuss mental health. A straitjacket and a confinement chamber used to incarcerate former patients at the *Kew Asylum* in Victoria are displayed within the *Dream Room* (the chamber only had enough room for patients to stand in and scratch marks from fingernails were visible on the inside). Tools used for lobotomies and instruments for drilling into the brain, as well as drugs used to sedate and medicate patients with mental disorders, are shown in various sections of the exhibition. Displayed alongside these more 'stereotypical' objects are a range of artworks and audio-visual materials that provide a sensitive and genuine insight into the lived experiences of individuals dealing with a range of mental health disorders. Walk-in audio booths are installed in the exhibition that show videos of actors reading real testimonies of people living with mental illnesses. These testimonies include touching accounts of people dealing with bipolar disorders and schizophrenia and were recorded by individuals who are members of *SANE*. *SANE Australia* (n.d.) is a large organization located throughout Australia that seeks to provide support to those with mental health issues while also educating the public about mental disorders. These stories are housed in an enclosed room in the center of the exhibition that is accessed through a single entry and exit door. The exhibition also includes a number of art pieces loaned from an organisation that seeks to develop more nuanced and empathetic views within the community about mental illness by exhibiting the artworks of mentally ill individuals. This organisation's name is withheld throughout this study at the request of the participants who were interviewed. It is referred to by the code of B7. Art pieces from B7 exhibited in *The Mind* shows the drawings of a teenage girl suffering from depression who, shortly after drawing her pictures, committed suicide. Another section of the exhibition placed near the audio-visual testimonial booths demonstrates the centrality of empathy to human survival and contains information about how the inherent human fear of the unknown and of the 'other' can be overcome through the development and practicing of empathetic reasoning. In this sense, *The Mind* exhibition draws on a number of disciplines, including history, science and psychology.

4.4.2 Bethlem Museum of the Mind (*The Bethlem*)

Bethlem Museum of the Mind (2018) in Greater London is an entire museum dedicated to discussing the historic and contemporary treatment of mental health. Interviews were undertaken over a two-week period in April of 2016. The museum is set in the center of the current grounds of the still operating *Bethlem Royal Hospital*, one of the UK's, and arguably the worlds, most well known psychiatric institutions. The colloquial term for the hospital, Bedlam, has been synonymous with insanity, mental health issues and abuse for several centuries within Western society. In 2015, the Museum was refurbished, and when reopened in 2016, it was shortlisted for the *Museum of the Year Award* finals – a prestigious UK award that has increased the Museum's public profile. Whilst rates of visitation have increased dramatically since it's reopening, it is a small museum with only an art gallery and two other gallery spaces. It is located 45 minutes from central London. For this reason, it has a relatively small visitor base and, given its specific focus upon mental health, it receives only 10, 380 visitors on average per annum. The number of staff at the museum is also small, job descriptions are often loose and there is often overlap between roles.

Bethlem Museum of the Mind is a social history museum with a medical and psychological framework. One of its key goals is to promote awareness about mental illnesses and the stigma that faces those who deal with mental health issues (Bethlem Museum of the Mind 2018). According to one staff member, the museum's access to psychiatric material and its unique position on the grounds of a medical facility means that the museum is better placed than most to tackle the stigma relating to mental health (SOO 2017, pers. comm., 16 October). The museum comprises three exhibition spaces, an art gallery on the first floor with temporary and permanent exhibition spaces on the second floor. Each of these rooms are square, though the temporary and permanent exhibition spaces have a dividing barrier down the middle that lightly divides the room into two halves. This encourages visitors to follow a square path-pattern. Material displayed in the exhibition galleries is similar in many ways to that which is displayed in *Melbourne Museum's The Mind* exhibition. Artworks by former and current residents of the *Bethlem Royal Hospital* are exhibited. These graphically depict instances of abuse, as well as lived experiences of the difficulties associated with chronic mental illnesses. One work shows a man's memory of his father beating him as a boy. Another shows an artist's physical representation of the psychological symptoms of their mental

illness in the form of a jagged and disturbed face. The museum also displays straitjackets and other restraining material, including a life-size replica of a padded restraining cell. One of the most disturbing pieces shown is video footage of an elderly man suffering from bipolar disorder receiving Electric Shock Therapy (ECT). The ECT video was noted by a number of visitors as being particularly unexpected and upsetting, as the man can be seen to convulse and spasm while receiving treatment. There is also an interactive video scenario where the visitor listens to a story told by a young girl (actor) suffering from anorexia. She insists she is fine but a doctor (actor) insists that she is dangerously ill. Visitors are given 60 seconds to decide whether she should be involuntarily sectioned for treatment. In addition, real stories of people coming to terms with their illnesses and learning to manage them are shown throughout the exhibition and an LCD text panel that flashes words used to stigmatise the mentally ill across the screen is shown.

The museum displays artworks by individuals with mental health issues but does not currently work with individuals from mental health community groups in more detail to develop specific parts of their exhibitions. Currently, they only have resources for a community panel (which is discussed in more detail in Chapter Five) that help to discuss exhibition proposals. It is comprised of local residents that were both familiar and unfamiliar with the museum, former and current patients from the hospital and nurses, doctors and other staff from the hospital and the *National Health Scheme*.

4.4.3 *Bedlam: The Asylum and Beyond* (*The Wellcome*)

Wellcome Trust is located in central London (in Euston) and is the world's largest funding body for biomedical research into health and wellbeing (Wellcome n.d.). Mental health funding is a significant part of the *Trust's* research scheme due to the widespread nature of many mental illnesses. Henry Wellcome, a nineteenth-century pharmaceutical magnate and avid medical collector, originally founded the *Trust* in the early 20th century (Wellcome n.d.). *Wellcome Collection* (n.d.) operates as part of the *Trust* and houses a number of permanent and temporary exhibitions that are displayed alongside Mr. Wellcome's original collection of medical objects. Exhibitions at *Wellcome Collection* focus on the connection between medicine, life and art in the past and present. They also look at medicine in relation to political and social contexts

(WMC2[9] 2017, pers. comm., 29 October). Like *The Bethlem*, it has a reputation for housing exhibitions that centre on edgy or controversial topics. Previous exhibitions have looked at consciousness, death, sex, witchcraft, religion and transgender rights.

Interviews were undertaken over a two-week period in September 2016. The museum receives an annual visitation rate of approximately half a million visitors per annum, yet it is considered by certain visitors to be a niche museum. Some visitors in this study described *Wellcome Collection* not as a museum, but as an all-encompassing research institution comprised of research facilities, archival texts, a contemporary library, restaurants and cafes, conference facilities and exhibition spaces.

Wellcome Collection curated an exhibition titled *Bedlam: The Asylum and Beyond* (*The Wellcome*) in late 2016 that sought to reduce stigmatised views about mental illnesses by tracing the development and fall of mental asylums in the UK and Europe. According to a senior curator, the exhibition fit well with the institutions focus on promoting awareness about mental health issues. Unlike *The Bethlem* or *The Mind*, the exhibition was conceptualised first and foremost as a means of advocating for those with mental health issues. The topic of asylums was chosen as a way of weaving the idea of advocacy around mental illness into a manageable format (WMC2 2017, pers. comm., 29 October).

The exhibition was divided into five large rooms. The initial space consisted of an enclosed room that showcased interperetivist art pieces designed entirely by the mentally ill. Little contextual information about the works was provided and visitors were left to draw their own interpretations. One piece showed two metal hands rising from the ground, palms skyward, with wide-open eyes protruding from the middle of the palms. Rooms two and three discussed the early history of *Bethlem Royal Hospital* through to its rise as Europe's most famous psychiatric facility. Rooms four and five discussed the closure of asylums in the late twentieth century and highlighted contemporary approaches to managing mental health issues. Objects from *Bethlem Royal Hospital* were placed throughout these. These ranged from eighteenth-century sketches of the hospital, to letters from and to patients discussing their experiences of hospital life or of relatives having to live without a family member who had been sectioned. Several confronting stories were exhibited. One story that drew attention

[9] WMC2 is the code given to a staff member who worked on *The Bedlam*

from visitors detailed the discovery of James Norris, an American Sailor and patient in *Bethlem Royal Hospital*, by a journalist in 1814. James was found in his cell where he had been chained by his waist and neck to a pole on his bed for 10 years. His discovery led to calls from the public for psychiatric reform. Several video installations were placed in room four discussing alternatives to traditional psychiatric facilities. One of these discussed Geel, a small town in Belgium, where residents have been taking the mentally ill into their homes as boarders for centuries.

In the middle of the exhibition were details on a project titled *Hearing Voices Cafe.* HH1[10] had undertaken the project; an artist and community mental health advocate who had been commissioned by the museum to display her works. HH1 had developed a support network where young women who experience voice hearing gather monthly at a cafe to talk about their experiences. Towards the end of the exhibition was another project designed by HH1 named *Madlove*. This took the form of a plastic model that depicted what an ideal asylum could be. It was created by interviewing 400 people with experiences of living in psychiatric institutions. An optional audio guide that was commissioned by the museum staff accompanied the exhibition. This detailed peoples' various experiences with their mental illnesses and their treatment. Stories were drawn from clients from *Core Arts* (2018), a large organisation that uses arts-based therapy and works with over 700 individuals to help manage their illnesses. These stories were tragic, confronting and uplifting. One story was of a man who was involuntarily placed on a therapeutic drug regime to help his mood disorder. He developed a severe and permanent case of restless leg syndrome and stuttering as a result of the medication that impeded upon his ability to function in society.

4.4.4 *Remembering Goodna* (*The Goodna*)

Museum of Brisbane is a social history museum located at the top of *Brisbane City Hall* in Queensland, Australia (Museum of Brisbane 2018a). In 2016-2017, a total of 290, 538 people visited the museum. Interviews were not undertaken with visitors, as the exhibition had closed before the research was commenced. Regardless, interviews with curators and community participants were undertaken in November and December of 2015. It is one of Queensland's main state-run museums and explores the history of

[10] This code refers to an artist with experiences of mental illnesses that was commissioned by the museum to exhibit their works in the exhibition.

Brisbane through the lives and objects of people who have lived in Brisbane City since its inception in 1823 (Museum of Brisbane 2018a). Its exhibitions focus on showing how the city has grown and evolved over the centuries and it often exhibits less well-known stories about Brisbane's past. Previous exhibitions have discussed Brisbane's Indigenous Peoples and their interaction with colonial settlers, the development of Brisbane's punk and skateboarding scene and the role of the Brisbane River in facilitating the growth and development of infrastructure and population (Museum of Brisbane 2018a).

It has three main exhibition spaces that discuss different topics and, although it is a major, government-run museum, these are comparatively small in size. Both *Melbourne Museum* (*The Mind*) and *Wellcome Collection* (*The Wellcome*) are significantly bigger (*Museum of Brisbane* is roughly equivalent in size to *Bethlem Museum of the Mind* in terms of exhibition size and the museum as a whole). It has a social justice agenda and tries to uncover hidden stories.

In 2007, the museum opened a temporary exhibition that ran for nine months titled *Remembering Goodna: Stories from a Queensland Mental Hospital (*Museum of Brisbane 2018b). One of its aims was to highlight the history of what is now called *The Park Centre for Mental Health*, Queensland's oldest, largest and longest running psychiatric facility (BMC1 2016, pers, Comm., 15 February). The facility was opened in 1865 and saw over 50,000 people admitted until its closure in the late twentieth century and, though much of the site has now been closed, it still houses a small number of inpatients (Museum of Brisbane 2018b). The material was confronting and similar in nature to the material displayed at the other three case study sites. Straitjackets and other restraining material from the facility were exhibited, as were artworks by patients and personal objects like diaries and cigarette canisters, medical equipment used by staff at the site was depicted, and video testimonies from staff, patients and family members were also used.

In February of 2017, interviews were undertaken with two staff members who curated the exhibition, as well as two community advocates who participated in its development (PN1, a former psychiatric nurse and mental health activist, and C2, a former community worker). PN1 was engaged by the museum to develop a community led project where medicine cabinets from *The Goodna* were emptied and filled with

personal stories and items from people currently dealing with mental health issues. This piece was installed in the exhibition and, according to PN1, was developed to show the humanity of people who suffer from mental health issues who are often dehumanised through the ascription of labels like 'mentally ill'. PN1 was also placed in charge of facilitating on-site forums with staff and patients during the exhibition that visitors could attend. This was a particularly sensitive task given the legacy of abuse that had been perpetrated at *The Park Centre for Mental Health*. C2 was employed as a museum staff member, though C2 thought of herself partially as a community advocate advising on the project. C2 was placed in charge of developing a system for getting into contact with former staff and patients at the facility and for working with both groups to develop an audio-visual project that would depict short clips about their experiences on a video loop.

4.5 Notes on thesis formatting

This research draws on interviews with museum visitor and exhibition curators across a number of museum sites. Several quotes and excerpts from these interviews are used throughout Chapters Five to Eight. The large number and significant length of these interviews mean that the examples drawn from transcripts have, at times, been truncated (community interviews were on average 56 minutes and visitor interviews were eight minutes in length). The use of three dots within brackets (that is, […]) is used to indicate where part of a transcript has been omitted. An example of this can be seen in the visitor excerpt below:

> [VST 36] I can remember her walking back in a nightdress, a coat, and a pair of wellingtons. She committed suicide not that many weeks or months after that […] you kind of forget those things and that brought that up for me and you think there should have been more done then, but what?
> *VST 36, female, over 65 years of age, retired, The Wellcome*

Where interviewees have clearly alluded to an idea that has been clarified (for example, by pointing to an object) but not verbally articulated, or if the meaning of a visitor's statement is not clear without additional explanation, this thought has been placed in brackets:

> It was a bit different to the other ones though [the other exhibitions in the museum]. It was a bit out there!

VST 155: female, 17-24 years of age, retail, The Mind

Some short pauses in interviews have been alternatively indicated by the use of three dots that are not contained in brackets to ensure the flow of the transcript is not unnecessarily interrupted in certain cases. All visitor, community and curator interviews have been kept anonymous. Gender, age and occupation details have been provided, as well as a unique visiting/curator/community participant code.

The code of a visitor, staff member or community participant is given before each sentence to identify who is talking. Italicised writing indicates that the interviewer is asking a question. An example of a visitor response, followed by a question from the interviewer and a subsequent response from the visitor can be seen in the following transcript:

> *Are there any aspects of your identity that made your visit particularly meaningful or interesting?*
> [VST 58] […] I find here I can open up and be myself with everybody.
> *Do you know why that might be?*
> [VST 58] There's no inhibition and people seem to understand you without saying too much.
> *VST 58: female, 55-64 years of age, banker, The Bethlem*

4.6 Conclusion

This chapter detailed and justified the use of a mixed-method, case study design that is undertaken in Chapters Five to Eight. There is a sustained debate amongst academics over the utility and epistemological and ontological nature of qualitative, quantitative and mixed-method approaches. These are discussions that will not likely be solved in the immediate future (Bazeley 2004). Yet, the use of qualitative and mixed-method research has a long-standing tradition within museological research (Hooper-Greenhill 2006). Qualitative, open-ended interviews were selected as they provide the flexibility needed to explore the diverse array of subjective meanings that visitors make during museum visits, while quantitative measures are useful in helping to ascertain a degree of understanding about the significance of arising themes.

This study makes no grand claims about the generalisability or statistical significance of the research results. Very little research has looked at museum visitors at museums that discuss mental health or community engagement projects that have been undertaken at

such sites. This study simply aims to contribute to the emerging literature around the social impact of purposive museums in relation to the relatively unexplored topic of mental health. To do this, the next chapter focuses on the engagement that occurred between community participants and museum staff at each of the case study sites during the development of the four exhibitions.

Chapter Five

Analysis of community engagement projects

5.1 Introduction

This chapter analyses the community engagement undertaken at the four separate museums in this study. Each museum drew on the knowledge and experiences of a range of mental health community organisations in either Australia or the UK to develop their exhibitions. Some community participants described the collaboration or consultation as tokenistic, poorly structured, frustrating and hampered by stigma. Other community participants found the process satisfying, important and mutually beneficial. The museum staff experienced a range of similar emotions as they navigated the challenging and emotionally difficult task of engaging with survivors of abuse, those with serious mental health illnesses and the diverse range of communities that represent them. It is important to tease apart these results as few studies have looked at museum-community engagement projects involving collaboration with the mentally ill or mental health advocates. It is, therefore, difficult to tell if engagement with members of various mental health communities facilitates genuine representation or, alternatively, if this engagement alienates mental health community groups and users.

Several themes emerged in and between the different projects. The destabilising nature of mental health issues that were outlined in Chapter Three caused issues for staff members and community participants. Curators understandably worried about re-traumatising or offending potential visitors and took measures to reduce this risk. Conversely, community participants believed that their need to openly discuss the difficulties of living with mental health issues should take preference over the need for the public to receive a safe, and what certain participants felt was a diluted, message about mental health. These competing tensions, and the failure of some staff to mediate these concerns, led some participants to argue that a form of ‘soft stigma’ hampered their engagement.

Staff and participants also suffered significant degrees of emotional draining due to the difficult nature of this topic. Adequate measures to support community participants were not often put in place. This contributed to conflict at several of the case study sites.

It impacted upon the ability of curators and community participants to effectively communicate their concerns about work hours, artistic boundaries and their emotional needs during, and post, participation.

Museums, therefore, may benefit from reconsidering simplistic frameworks for involving communities within museum spheres. Staff who articulate why they are engaging in community work, and who define their framework for engagement, could better account for the distinct emotional needs of mental health community participants. This is difficult to achieve, at least not in a way that mental health community participants will find empowering, without such museums adopting a framework for engagement that holds community work as a core function. Without this, engagement on mental health projects may run the risk of being seen by staff and community participants as additional, supplementary and extraneous – an issue that was witnessed at several of the case study sites in this study. This can re-entrench stigmatised outcomes for community members that are engaged by museum staff.

This chapter begins by discussing findings regarding community engagement practices that occurred at *The Mind* (*Melbourne Museum*), before moving to look at *The Bethlem* (*Bethlem Museum of the Mind*). It then discusses approaches to community engagement at *The Wellcome* (*Wellcome Collection*) and subsequently *The Goodna* (*Museum of Brisbane*).

5.2 Findings

5.2.1 *The Mind: Enter the Labyrinth* (*The Mind*)

The idea for *The Mind* exhibition at *Melbourne Museum* came from audience testing that indicated visitors were interested in learning about the human mind. As noted in Chapter Four, the exhibition was intended to be a scientific look at the workings of the human brain that would touch on elements of mental health. It is important to highlight that, although much of the exhibition displays material about mental health, the staff highlighted that advocacy around mental health issues was never intended to be a central component of the exhibition. A staff member, referred to from now as MMC2, noted that:

> At no point would I say that the exhibition is a voice for people with mental illness and it has never pretended to be. We give insights into the world and different worlds of mental health and mental illness for different individuals and to do that we might use artworks [...] but the primary aim was never about giving people with mental health a voice.

The Mind differed from the three other case study sites in that mental health issues were included only as they were deemed by staff to be an important aspect of the human brain. In this sense, mental health issues were not as core to the exhibition in the same way that they were to *The Bethlem*, *The Wellcome* or *The Goodna*. However, large sections of *The Mind* discuss mental health issues. Mental illnesses were one of the most commented upon aspect of the exhibition by visitors, and the curators noted that a an aim was to 'challenge peoples' perceptions of normality'. MMC1 commented that while they did not consider it the central aim of the exhibition, in many ways, *The Mind* still 'seeks to contribute to the ongoing removal of stigma around mental health issues'. Regardless, collaboration with community mental health advocates was not seen by the curators as a moral obligation to provide a platform for the mentally ill to express their views about contemporary perceptions of mental health. It was viewed as a basic process of engagement and as a means to enhance the content of the exhibition and was seen as a practical necessity. The staff acknowledged that they were 'not experts' on the issue and needed guidance on how to acquire personal stories about mental health experiences without offending anyone (MMC2). MMC2, another curator on the exhibition, noted that 'if you're not equipped, if you don't have the right mental health qualifications on how to talk to people about those issues then go and talk to other groups who do'. This resulted in the museum reaching out to an organisation that exhibits artworks by individuals with mental health issues in an effort to increase mental health awareness. This organisation is not identified by name at the request of the staff member that was interviewed. It is referred to as B7 from now. As noted by museum staff member (MMC2), the curatorial staff chose B7 as they had previously worked with them on another project. They also had access and knowledge about artworks created by the mentally ill. Staff from B7 then recommended that *SANE* might be able to help put the museum in touch with clients who would be willing to have their experiences of mental illnesses recorded, transcribed, read by actors and turned into an audio/visual exhibit. *SANE* is a large mental health charity located both in Australia and internationally that supports the mentally ill by undertaking research, advocacy and by providing specialist support.

It is important to reiterate here that the curatorial staff working on *The Mind* did not see their engagement with B7 or SANE as a form of genuine collaboration where a museum attempts to help a community to tell their own stories. It is, therefore, problematic to pass judgement upon the engagement that occurred at *The Mind* for its shortcomings as a form of in-depth collaboration when this type of collaboration with the community participants was not sought. However, the intention of this section of Chapter Four is to demonstrate the issues that can occur for museum staff and the community participants they engage even when undertaken basic forms of engagement. As is shown, often community participants will find such agreed upon forms of engagement as tokenistic and problematic, particularly if parameters around the engagement are not clearly articulated from the outset.

The dangers of basic forms of facilitation that involve supplementary approaches to community engagement have been highlighted in Chapter Two. As noted by Waterton (2015: 59) 'a key lesson that emerges out of the literature is that community engagement practices need to be participatory, be non-extractive, and give back'. They should not work under the premise that communities are sources of 'passive data' to be used to serve the 'researcher's information needs' (Koster, Baccar and Harvey 2012: 200). Engagement based on a community's ability to provide access to objects, or stories, are often seen by community groups as 'exploitative'. Though it was not *Melbourne Museum's* intention to take advantage of either *SANE* or B7, the transaction-based framework of the collaboration caused issues for both community groups even though this was, for the most part, the agreed upon format for engagement.

Museum staff acknowledged, for instance, that a facilitation-based approach was undertaken. MMC2 noted that 'with *SANE* we sort of said this is what we want to do, we were wondering if you had people who could actually talk about their experience and that's when they went well we can give you so and so [that is, referring to lived experiences of mental health]'. The staff member at *SANE*[11] who was interviewed and who held a senior position in *SANE* at the time (referred to as CS from now) was aware of the basic, functional nature of their relationship:

[11] This individual highlighted that their interview did not necessarily represent the current views of *SANE Australia* and was only their opinion on the process of engagement.

At what stage in the development of the exhibition did the museum get in contact with you to ask whether you would like to be involved?

> [CS] I don't know. It was something that was very functional. It certainly wasn't a relationship. They needed something. They knew exactly what they were going to put in the exhibition and they needed something, so they came to us. We weren't on the consultative committee or anything like that.

CS felt that the exhibition, though good, could have benefitted from the museum developing a more intimate relationship with *SANE* at an earlier stage in the collaboration process. When asked whether the exhibition would have benefitted from earlier consultation with mental health community groups, CS responded:

> [CS] Yeah, it would have. I would emphasise that they had a goal and they set out to achieve that goal and I think they did a pretty good job but it certainly would have been improved by having consultation earlier in the design phase with actual people with mental illnesses and their families and those involved. They may have done so but I wasn't aware of that […].

That CS voiced mild frustration over not being actively included in discussions earlier in the design phase is unsurprising. Previous studies outlined in the literature review have found that this can lead to a belief by communities that their input is not valued (see Fouseki and Smith 2013), or result in community dissatisfaction about their level of control over exhibition planning that occurs outside of the remit of community engagement (Lagerkvist 2006). These are issues that must be taken into account when undertaking any form of community collaboration, regardless of how basic or in-depth. As Fouseki (2010: 180) states, 'unmet needs' and a failure to be fully and meaningfully integrated into the framework of exhibition design are common factors that prevent community collaboration efforts from achieving a feeling of 'shared ownership, belonging, justice and empowerment'.

Interestingly, the museum perceived they had forged a deeper relationship with B7 that extended beyond facilitating a transfer of artworks. Staff member MMC2 indicated that they asked for input about how the artworks should be contextualised and that suggestions offered by staff at B7 guided the development of parts of the exhibition:

> [MMC2] With B7 we would say "This is what we're thinking of doing, how do you see, what would be the best way of bringing your artworks into this?" [...] And I would even say, "We're thinking roughly these are the thematic areas" and he was the one who sort of said "It's a lot of the time people create these artworks because it helps them try and make sense of it". For me, that was very much about how we perceive the world, how we process that

information, how we try to make sense. I was like "Why don't we put that in that section?".

Regardless, frustration over a failure to be meaningfully included in the exhibition design can be seen in the following transcripts with a previously senior staff member at B7 (referred to as CD from now), where collaboration was viewed negatively. CD[12] indicated that, despite the curators' insistence, they had no ability to provide substantial commentary on how the artworks of their organisation were displayed or control over the contextual background that framed them. CD highlighted that this would have been okay if the agenda of the museum was made clear, 'But I don't mind if they knew what they wanted and they told me what they wanted but they were very vague and evasive about it'. This evasiveness left CD feeling that his concerns about the direction the exhibition was taking in relation to the depiction of mental illnesses were ignored. CD felt B7, and the sufferers of mental illness that they represent, were used in a 'tokenistic attempt' to 'deal with the human, personal dimension of mental illness':

What did you hope would be achieved by your engagement with the museum and do you think that those things were achieved?

[CD] It's difficult to answer that because there are multiple agendas. One is to help them mount an exhibition on the mind. In that sense, it's the first exhibition of its kind in the world at that time. Did it meet its agenda? As far as an exhibition on the mind, yes it did. Did it go in the direction I was wanting it to go, hoping it to go? I didn't think so because I think the museum's agenda was very different to the community's agenda […]. I was trying to get them to move from a historical exhibition to what we understand about the mind now. While history is important, my feeling was that it was weighing too heavily on the asylum era and therefore that detracted it from the exhibition […].

When they came and got into contact and asked you to be involved with The Mind project, what were they asking for from you? Were they asking for your input on what the exhibition should be, or did they have an idea of what they wanted and they just wanted to get those things from you in terms of artworks?

[CD] That's a very good question, isn't it! This problem was they were never very transparent. They were never transparent on what the agenda was. I never read the brief for the exhibition. When I tried to query what was their overall aim it was all very hush, hush. I don't think the museum treated me, or my organisation, as a partner. They treated us as outsiders. Even though I was initially approached as a scientific advisor, I was only asked to advise when they wanted me too. I had no access to their overall picture or what their agenda was. It was a bit perplexing and vague and they only used you when they needed you rather than… you don't feel like you're part of the team.

[12] This individual highlighted that their interview did not necessarily represent the current views of B7 and were simply their opinion on the process of engagement

Did B7 at any point say, 'Hey we would like to have more of a functional, practical relationship in terms of having more input?'

> [CD] It's hard to know how you could have more input when you don't even know what the whole process was! [laughs]. They told us nothing! They told us nothing about the whole process. We didn't even know what they wanted or what their agenda was. It's hard to engage with them when they're not transparent about what they are even trying to do.

The above transcript clearly highlights a number of issues around clarity, communication and shared power that has been cited in Chapter Two as plaguing several other community engagement or consultation projects (see Lynch 2009, 2013; Fouseki 2010; Fouseki and Smith 2013; Onciul 2013). Nicholls (2009: 117-123) argues that curators are more likely to achieve a sense of harmony between museum staff and community participants if they undertake a process of 'self-reflexivity'. This involves the researcher making active efforts to identify and mitigate potential biases. Researchers may usefully put systems in place to establish strong lines for communicating concerns around underlying agendas and strategies of representation. At *The Mind*, the interviewee (CD) from the organisation B7 not only felt that this process had not been undertaken but that the museum had obscured efforts to achieve clarity. B7's artworks had been appropriated by the museum to tell their constituents' stories for them. As noted by Munro (2013), museums that attempt to tell communities' stories for them, rather than trying to facilitate communities to tell their own stories, risk alienating the community partners with which they work. These issues led CD to conclude that they were not 'partners' in the exhibition development.

The perceived tokenistic inclusion of B7's artwork and the apparent unwillingness to establish a transparent relationship left CD with the strong belief that a pervasive form of stigma practiced by the museum hampered the approach to curation. CD described the museum as being more interested in making sure the public did not feel uncomfortable, that the exhibition was safe and that they fulfilled their duty of care to visitors, rather than representing the issue of mental illness and health transparently:

> [CD] They were hesitating. They were protective of the public. They didn't want the public to engage with people with mental illness. They didn't want to scare people off. You could say the whole planning of the exhibition was hindered by stigma. Even stigma of mental illness influenced the way the exhibition was curated. I think the exhibition could be more engaging with

> people with mental illness but it turns out to be more of a typical museum exhibition for the general public that they are sort of fascinated by.[13]

CD's concerns about the museum's preoccupation with visitor safety were warranted in some respects. Chapter Three has detailed how mental illnesses and the mentally ill can undermine people's perception of self and their sense of control over their health. Museum staff member MMC2 commented that the board of directors were concerned that including mental health issues in the exhibition might provoke an episode in a visitor. MMC2 noted that she stood her ground and insisted that it must be included. MMC2 took pride in the fact that she was willing to push boundaries and take risks and felt that museums were places that should be welcoming but not 'too safe'. It was decided that sensitive psychiatric material or artworks would be displayed in darkened panels and placed off the central walking route of the exhibition. This would allow for the more difficult objects to be included, while also mitigating the chance of seriously offending or distressing a visitor. However, this compromise meant that visitors had to seek out this material and make a conscious choice to engage with it, thereby providing them with the opportunity to easily disengage if they wished. As noted by MMC2:

> And then the step-off bits… we were worried that some of the psychiatric services collection is really confronting. You look at some of those objects and you think about the basic human rights of the people who have to wear straitjackets or who were chained up or some of those really dreadful Victorian psychiatric practices that, at the time, might have been the best thing they could do but nowadays is really hard to look at. That's why those showcases are veiled a little bit so you can choose whether or not you want to peer in, or you can catch a glimpse and, if it's too much, you can choose to step back.

The curatorial staff, therefore, had legitimate concerns about visitor safety and took reasonable steps to find a balance between discretion and bold representation of mental health issues. Yet, the organisation B7 was not adequately included in discussions about these measures. This left CD with the belief that the exhibition was hindered in achieving a more nuanced picture of mental health issues due to their concerns about

[13] Interestingly, in an interview conducted for this study with two staff members from *Outdoors*, a Melbourne-based, not-for-profit mental health organisation that took clients to visit the exhibition, both staff members felt the exhibition did not want to fully embrace mental health. One member noted that the exhibition was 'not fully owning it [referring to the topic of mental health] or wanting to be connected the mental illness'. This, they believed, was because items from psychiatric patients were being exhibited with their names withheld or in darkened areas that were not on the main path, a point discussed later in this chapter.

visitor safety and their supplementary approach to exhibiting community objects.

It must be acknowledged that *The Mind* was daringly exploratory for its time given that it was one of the first exhibitions in the world to look at the human mind. However, the excerpts above highlights that curatorial staff and CD from B7 were failing to clearly articulate their expectations about the degree of collaboration, their agendas as well as their concerns. Both were talking past each other and, in doing so, were unaware of the sense of alienation and feelings of frustration that were building. It is surprising that staff of *The Mind*, with whom much of the responsibility for clear communication resided, cited transparent and effective dialogue as being a key component of any community engagement process. When MMC2 was asked if they had experienced any particular benefits or frustrations during the process of collaboration, they noted that:

> [MCC1] You have to be prepared. You can't doggedly adhere to one specific way of, you know [doing things]. You have to be open to suggestions… you need to have a really clear idea of what you're working towards. There has to be a collective understanding about what the timelines are and what has to be delivered when. It's got to be mutually beneficial.

This failure to engage in fruitful dialogue and to delineate clear expectations and aims, even in the face of highlighting it as central to collaboration efforts, likely stemmed from the museum's attitude towards the depiction of mental health within the exhibition. Their partial agenda to provide an insight into mental health seemed at odds, at least for the community groups, with their contention that the exhibition was never meant to operate as a platform for those who experience mental health issues to discuss their views. It is thus that tensions arose as a result of fundamental differences in the curatorial vision of the purpose of the exhibition and the nature of colalboration between the museum and the community participants it engaged. This illustrates an interesting point raised by a staff member at *The Goodna* and that is discussed in more detail later in this chapter –it can do more damage than good to include community members in a manner that neglects to place them as a core part of the exhibition process.

Interaction with community participants at *The Mind*, therefore, suffered from a range of issues. A number of these stemmed from the simplistic nature of engagement that focused predominantly on supplementing the content of the exhibition. This could have potentially been mitigated by a framework of engagement that incorporated participants

more fully into the process of exhibition design and that made efforts to create a functional form of dialogue and negotiation between staff and participants. The following section shows that even less complex and contentious forms of engagement than occurred at *The Mind* can be negatively affected by similarly basic approaches towards community engagement. It is argued at the end of the next section that when museum staff view community work as a core function of museums, the issues experienced at this case study site can be more adequately handled. It can also aid in addressing the specific needs of mental health community participants. This, in turn, can result in a form of engagement that participants appear to find more honest and, for that reason, empowering.

5.2.2 Bethlem Museum of the Mind (*The Bethlem*)

Part of *Bethlem Museum of the Mind's* (Croydon, London) philosophy and aims involves trying to reclaim the idea of mental health and, in particular, to shift peoples' perceptions about asylums both historically and in contemporary society. One of *The Bethlem's* staff (referred to as SOO) considers that the museum's access to psychiatric material and its unique position on the grounds of a medical facility means that the museum is better placed than most to tackle mental health stigma:

> [SOO] I think it's important because it's a big issue in society generally and it affects how we organise ourselves and also how we deal with people who are vulnerable. It seems that our collections, and also our place in the middle of a psychiatric hospital, is really well placed to tackle some of those problems […].

The museum employs a number of strategies to demystify the popularized notion of mental institutions as 'madhouses' and to provide a window into the humanity of the 'insane'. Artworks and primary documentary material are viewed as useful in helping visitors to focus on the humanity of those who live, or have lived, in the now called *Bethlem Royal Hospital*. According to the staff, visitors find art, photos and letters relatable. They are activities or experiences that nearly all visitors have undertaken in some form. As noted by another staff member (referred to as EO), this common ground helps visitors to see the patients at the hospital as 'people first' and as patients second:

> [EO] We use the art collection a great deal. The art is accessible and also when you're primarily starting to consider it as a piece of art you're not

> presenting it as something that is created by a service user. You're first of all considering it as a piece of art and that starts a very different sort of conversation […] people are drawn to them [the artworks of patients] and they can see that this is a real individual with a wider life […].

A number of outreach programs are used in an effort to familiarize people with the *Bethlem Royal Hospital*. Object handling events are set up in libraries, schools and other locations outside of the museum. Special cake and coffee events are hosted monthly at the museum to encourage discussion about various topics. A community panel was also recently established that is comprised of about 10 to 15 individuals from a range of backgrounds (refer to Chapter Four for details). The panel is, therefore, not comprised solely of people with experiences of mental health issues, nor is this meant to be its focus.

Staff member SOO stated that the panel meets four times a year. Meetings are informal because different panel members often attend each session. The panel discusses a range of topics, though many of the meetings are spent considering exhibition proposals to ensure 'that what we're doing is, you know, what our public would actually want to see at the museum' (SOO 2017). Like the audience testing undertaken at *The Mind*, the initial purpose of the community panel was less about getting community members to help design the exhibition and more about determining how particular artifacts were being displayed.

The panel, therefore, operates as a means of gathering information from a range of interested parties about upcoming exhibitions to determine whether they fit with the museum's mission. The museum does not attempt to engage explicitly with communities that are involved with mental health advocacy outside of this panel and the museum does not operate as an avenue for allowing those with mental health issues to participate in the co-curation of exhibitions, though it does display artworks by residents at the facility. The framework of collaboration is simplistic and is openly acknowledged as being what would be described in Arnstein's (1969) ladder of participation as informing or consulting. The participants, for example, have the power to 'hear and be heard', but lack 'the power to ensure their views will be heeded' by the museum practitioners (Arnstein 1969: 217). For these reasons, it could not be described as a genuine process of collaboration, and community work is not seen, at least at this stage, as a core function of the museum.

The simplicity of the community engagement framework is partly to do with the small size of the museum and the limited amount of funding it has to allocate to community programs. Both SOO and EO hope to expand the scope and nature of the community outreach program so that issues beyond exhibition proposals can be discussed. The input of the community panel is felt to be valuable to the museum even though its scope is relatively limited. According to SOO, 'The community panel has actually worked really well. They are all really willing to listen to each other's opinions'. The three panel members interviewed for this research (referred to as PM1, PM2 and PM3) were likewise positive about their experience of interacting with the museum. They felt that their recommendations were valued and listened to and, more importantly, that differences of opinion were met with fair and respectful consideration, as can be seen in the following two separate quotes with PM1 and then PM2:

> *How easy or hard did you find it to engage with the museum and its curators when discussing certain issues or topics? Do you think they listen/ed to you?*
> [PM1] There is a relaxed atmosphere in the meetings and everyone contributes. We do not always agree but that is why there is a need to have a wide variety of people with different perspectives in attendance so that we can take into account everyone's opinion. I felt my suggestion about the timing of an exhibition was understood and taken into account.

> *How easy or hard did you find it to engage with the museum and its curators when discussing certain issues or topics? Do you think they listen/ed to you?*
> [PM2] Time is given for everyone to speak, whoever they are. When we discussed proposed exhibition titles everyone had a view on what the exhibition was provisionally titled and nobody was happy with the proposed title. The title used in the end was changed and, although it did not come directly from the Community Panel, it was spurred on by the conversations in the Community Panel.

The positive nature of these responses is unsurprising given the basic format of engagement. Unlike the three other case study sites in this study, the type of community engagement carried out by *The Bethlem* did not involve interacting with established organisations that were separate from the museum. This meant the staff did not have to navigate engaging with a well-structured group that may have had an agenda and approach to mental health and advocacy around mental illnesses that differed from the museum (as occurred between B7 and *Melbourne Museum* at *The Mind*). Likewise, the questions asked of the panel about pre-formulated exhibitions were largely un-contentious. The relatively few people with experiences of severe mental health issues

on the panel meant that the museum was able to avoid a host of difficulties that museum staff at some of the other case study sites had to contend with when accommodating participants with severe mental health issues (for example, high rates of participant withdrawal, erratic schedules or sensitivity to certain issues).

These factors partially resulted from financial constraints that prevented the museum from developing a more sophisticated approach to engagement. Nevertheless, the tendency of museums to gravitate towards community groups that are deemed as safe or mainstream is an issue within community engagement literature that has been cited as causing significant degrees of frustration amongst certain community populations (Lynch 2009, 2013; Fouseki and Smith 2013). It is important to understand that community engagement is not automatically, in and of itself, a democratic process. If a museum only engages with a single dominant community leader or group that does not represent the broad range of views in relation to a particular practice or subject, then the result is neither a democratic practice nor an informed exhibition (Lynch 2009; Fouseki and Smith 2013). Museums that do not take this fact into consideration may run the risk of upsetting other members of the community that have not been asked to participate in exhibition design.

It is impossible to gauge the thoughts and feelings of other mental health advocacy groups that were not invited to participate on the community panel as this was beyond the remit of the research. It is worth noting that the simplicity of the community framework did not prevent moments of confusion and frustration. One panel member, PM3, noted that the 'employees and volunteers who work for the museum all make great efforts to be open and friendly and visitors to the museum always get a warm welcome'. PM3 also went on to highlight the informal, but also unstructured and unclear nature of the meetings and the problems it could lead to:

> [PM3] I have only attended two community panel meetings. The atmosphere is informal and freewheeling, so the panel is feeling its way and evolving an understanding of its function and purpose. All panel members are polite and friendly. Trust employees are welcoming and relationships are beginning to develop, but the meetings are infrequent and so this will be a slow process. Also, because some panel members are either past or present patients, and medics, their conversation can relate to the wider policies and strategic objectives of the Trust to increase local community engagement by encouraging activities and access across the whole hospital complex [such as nature trails, wildlife, dog walking paths, etc.]. At times I have become

> confused as to whether the brief of the Community Panel relates just to the museum, its exhibitions and the archive, or has a wider purpose that encompasses the whole hospital site.

PM3 followed on to note that:

> [PM3] I feel that at the community meetings we are observed by the professional staff members as if the panel were a social experiment. By this, I mean that the trigger for a panel meeting seems to be an approaching board meeting and I sense that the staff are gathering data with which to report to the board.

PM3's comments show the importance of clarity when engaging in any form of community consultation within a museum context. Though the participant felt the museum was doing an excellent job overall, the infrequent and unpredictable intervals at which the meetings were held, coupled with the unstructured agenda of the meetings, clearly caused them to question what their involvement was achieving. This is an issue for any museum that hopes to foster a sense of value amongst the community groups with which they engage. As found by Lynch (2009), community participants who feel they are being used by museums to meet institutional standards around community involvement or to obtain funding are likely to question a museum's motives and its commitment to the process of engagement. Participants will often, as a result, become disillusioned, either immediately, or over time, if appropriate measures are not taken to mitigate such concerns (Lynch 2009, 2013). Such forms of engagement have led Tlili (2008: 143) to criticize certain museum attempts at social inclusion as being 'a routinized gestural signifier used rather freely by the institution as a box-ticking, PR exercise' to achieve funding.

It is, thus, that engagement with mental health community members based on simple notions of inclusion will likely encounter similar problems. As is shown in the following two sections, engagement often results in more beneficial outcomes for both the museum and the community when community engagement is seen as a foundational element of museum work and anchored upon an ethical commitment to facilitating the community with which they engage to express their views, needs and concerns. This framework of engagement must take into account, and attempt to balance, the need for visitor safety with the needs, both practical (for example, negotiated working hours, adequate debriefing and support structures) and conceptual (for example, the need to be

allowed to advocate and express their views), of community participants. As is documented in the following section, participants can feel that engagement is negatively affected by stigmatised attitudes and institutional structures when these needs are not properly taken into account.

5.2.3. *Bedlam: The Asylum and Beyond* (*The Wellcome*)

The Bedlam exhibition at *Wellcome Collection* in London aimed to reduce stigmatised views about mental illnesses by tracing the development and eventual closure of many psychiatric facilities in the UK and Europe. According to a senior curator, the exhibition fit with the institutions focus on promoting mental health awareness. Unlike *The Bethlem* or *The Mind*, it was conceptualised foremost as a means of advocating for those with mental health issues. The museum's primary stakeholders were considered to be those who experience mental health issues and the community members that were engaged to develop content for the exhibition. The topic of asylums was chosen simply as a way of weaving the idea of advocacy around mental illness into a manageable format. Engagement was, therefore, seen as a core part of the museum's purpose for designing the exhibition based on their ethical belief in the need for museums to represent the communities they purport to serve.

WMC2, a senior staff member at *Wellcome Collection*, ensured that staff undertook mental health training and committed to ensuring that the community projects undertaken were embedded throughout the entirety of the exhibition. WMC2 felt strongly about the need to avoid a framework of supplementation in which community projects are included separately to the main content of the exhibition:

> [WMC2] The whole exhibition is bringing voices from the past, present, perhaps the future, about their perspectives on mental health. I feel it's the right approach because I've seen exhibitions on mental health and they will have the community project at the end. We wanted that to be embedded in the whole exhibition [...].

Other strategies accompanied the layout of community projects and exhibition pieces. A diversity of voices was sought, not just those of doctors or former staff, but also former patients and family members of patients. This was done to ensure there was not a privileging of a certain perspective, or as WMC2 put it, 'we try to flatten all voices so

they can be in the same space, and not privilege one or another'. Like *The Bethlem*, the staff wanted to reclaim the notion of asylums as dispassionate storehouses of the insane by showing that real people lived and worked, and still do, in these institutions:

> [WMC2] […] Bedlam is a word that is used as a byword for chaos. We wanted to reclaim that word and put it in a historical context. It is a word that is stigmatised. People would say Bedlam and Bethlem and think that is the same thing and we are just trying to explain that Bethlem is a real place that still exists, that still provides mental health [treatment][…].

Next, a particular focus was given to avoiding the concept of 'us versus them'. Instead, the notion that we all have mental health to varying degrees was emphasised. According to WMC2 'this exhibit is about us. It starts by saying we all have mental health… there are works in the exhibition that are more about patients but then there are many others that could be any of us'.

As outlined in Chapter Four, the museum commissioned two major community projects. The first was an audio guide developed by *Core Arts* that detailed the stories of individuals living with mental illnesses. The second was an artistic rendering of an ideal asylum called *Madlove* that was designed by HH1, an independent artist with experiences of mental health issues who was commissioned by *The Wellcome* to exhibit the *Madlove* project (Chapter Four provides a detailed outline of these projects). Another staff member from the museum (henceforth referred to as WMC1) oversaw the development of the audio guide project in conjunction with *Core Arts*. Unlike *The Mind* or *The Bethlem*, *The Wellcome's* community engagement rationale was well defined. This is important to highlight. The failure of museums to clearly and explicitly define their approach to community consultation can undermine engagement efforts (Crooke 2007, 2010; Fouseki and Smith 2013). As noted by Gable (2013), the term community is often used within a heritage context in a conceptually loose manner. This is problematic as there are many types of engagement. Each has advantages and disadvantages, pose specific challenges and require certain considerations in order for an effective engagement zone between community and museum to be established and maintained (Onciul 2013). Poorly thought out understandings of collaboration or weak understandings of what community work entails can result in an inability to clearly acknowledge the distinct and diverse needs, aims or agendas of the community being engaged (Onciul 2013).

Clear thought was given at *The Wellcome* to determining how engagement should be approached. WMC1 was tasked with ensuring *The Wellcome* worked with 'groups who have lived experience or a particular perspective on a topic that we are exploring in our exhibitions'. The role was established to remedy the perceived imbalance between curatorial and community opinion within the museum. This, according to WMC1, was important as it provided a much-needed sense of validity to the exhibitions, while allowing for different community groups to voice their opinions in a more mainstream format.

Part of the rationale for choosing to work with *Core Arts* was that they had the infrastructure to accommodate the museum working on their premises. They had a previously established structure and set of programs that the museum could fit their meetings around. *Core Arts* had previously worked with large heritage institutions like the *British Museum.* WMC1 felt that this would make the process less taxing on its participants and smoother for museum staff. Additionally, *Core Arts* had a philosophical outlook towards mental health with which the museum agreed (that is, mental illnesses are part of life and they do not necessarily need to be 'cured'). The reasons for choosing *Core Arts* were, therefore, both logistical and philosophical in nature. The museum's decision to work with a community group that held a philosophical position with which they agreed with might be seen as an attempt to avoid conflict and raises similar questions that were discussed at *The Bethlem* around the representativeness of the communities engaged. While this is an important question, though one that is beyond the remit of this research, the museum's detailed consideration of community participant needs also provides a level of insight into the degree of careful planning and clear conceptualisation of what working with mental health communities involves.

A central aim of engaging with *Core Arts*, for instance, was 'to produce something that would bring them [the mental health participants] alive as people rather than as case studies' (WMC1). According to WMC1, these participants 'have this one part of their life that may colour everything else but it isn't the only part of their identity'. As such, WMC1 hoped 'to give them a chance to speak for themselves and explain it in a way that they felt comfortable with […] so long as it fitted in with the exhibition'. Fair consideration was given to the fact that the museum was coming from a position of

authority and power and that the people they would be working with were vulnerable. WMC1 ensured, for example, that all meetings (meetings were weekly) with participants took place at the *Core Arts* facility and that the time allocated to develop the audio guide was spaced over a process of 12 weeks. This was done to ensure that participants who may have needed to drop out due to personal circumstances, a worsening case of their mental health for instance, would have the opportunity to re-engage with the program. It also helped to ensure participants could work in a familiar environment. As noted by WMC1:

> All meetings took place at *Core Arts* because that's their territory. That's the place that they feel comfortable and it's unrealistic to expect them to commit to a project that's further away from where they live, where they've never been and where they don't feel comfortable.

Meetings were scheduled to begin later in the morning to accommodate those participants who had difficulty with early starts due to the effects of medication. The overall approach to community engagement was, therefore, characterised both by a direct attempt on behalf of the museum to remove themselves from a position of power, but also to take account of the specific emotional and practical needs of participants with mental health issues. This was done to try and achieve a mutually agreed upon way of thinking about how community participants could tell their stories within the framework of a museum exhibition (WMC1). The level of sensitivity and awareness demonstrated by staff at *The Wellcome* of their power over their participants is an important point to acknowledge. As shown in Chapter Two, museums maintain power through their ability to present official narratives (Hooper-Greenhill 2000: 19). They are zones that are seen by the public as providing authorised and legitimate accounts of history, national heritage and culture (Cameron 2006, 2007; Smith 2006: 4-28). Curators can determine which community voices will be included, or excluded, within these spaces and can frame how community voices are exhibited (Fouseki 2010). The failure of museums to adequately acknowledge this power imbalance has often resulted in inadequate steps being undertaken to address this issue (Smith and Waterton 2009). This can lead to a sense amongst communities that the framework for engagement is not based on a realistic commitment to equality and can undermine community-museum relations (Fouseki and Smith 2013).

Overall, the museum felt that working with *Core Arts* had been beneficial. The

difficulties the museum experienced were described as resulting from the inherently difficult nature of discussing mental illnesses. This was seen as an inevitable part of engaging with community groups in relation to such a difficult topic (WMC1 2017). The willingness of the curators to acknowledge the difficulty of this process seems relatively unremarkable. Despite this, it can and did have profound effects on the procedure of engagement and suggests at a genuine effort to openly reflect on the realities that are involved when working with communities in developing difficult exhibition material relating to mental illnesses. As noted by Fouseki and Smith (2013: 241):

> Community consultation is by nature fraught and difficult…The simple observation that community consultation is difficult and confronting is an important one to make and acknowledge. Such acknowledgement is vital for the possibility of development of long-term dialogue.

WMC1 commented on how emotionally draining, yet also rewarding, it was to listen to participant stories when trying to develop the audio guide:

> [WMC1] Some of those days were quite hard because you were connecting with people who were in distress or who were telling you they were in distress and you're connecting with them as people rather than as professionals. That can be emotionally wearing for us as well but I think that was important and one of the participants said at the end "You've been accepted into our dysfunctional family!".

The museum's engagement with *Core Arts* was therefore seen by museum staff as operating as an effective 'space of care'. Morse and Munro (2018) have argued that community engagement in museums can be thought of as encompassing elements of care. By this, they mean that museum-community partnerships can result in the facilitation of safe spaces where participants can freely and confidently express their views on a range of issues (Morse and Munro 2018). Museum staff 'create such environments over time, assuring individuals that their situated experiences and knowledges are valid and valuable' (Morse and Munro 2018: 366). Such spaces then, can help to provide a kind of therapeutic validation of experiences in relation to issues that are often seen as taboo or stigmatised within society; a point that is particularly important when considered in light of the difficulties that the mentally ill have historically experienced in voicing their concerns in public spheres (Hinshaw 2007; Gray 2002).

The museum's distinct approach to collaboration and hard work was acknowledge by a senior staff member at *Core Arts* (referred to from now as WC2). For WC2, *Core Arts* and the participants valued that the curators came with a clear idea of what they needed but were flexible and encouraged the idea that the content of the audio guides would be driven by the participants:

> [WC2] They were sensitive from the start and also aware that it's not a simple thing to coordinate.
>
> *Did the museum come to you and say "We want to develop an audio guide for this part of the exhibition?". Were they quite clear with their aims and what did that process involve?*
>
> [WC2] Honestly, they were very good. I have to say that. We have quite a bit of experience with various institutions and it's not always easy but *The Wellcome* lot were good from the outset. They knew that area, the audio piece, would be designed created and populated by those experiences. They didn't actually come with ideas. It was very refreshing […]
>
> *Were there any particular difficulties or frustrations?*
>
> [WC2] Minor back office stuff that wouldn't impact on the process or the engagement of the members […] it's how it's presented back and promoted and acknowledged. Negotiations around publicity took a little bit longer to ensure that the sort of appropriate recognition was awarded to the participants. But that's what you would expect. These large institutions have their own framework that they work within. So sticking a community group on the promotion is difficult to get around […] but I think we got what we asked for in the end.

The excerpt above illustrates that the WC2 believed a genuine process of collaboration had been established between *Core Arts* and the museum. This extended past the tokenistic and non-participatory forms of collaboration described by Arnstein (1969) in her *Ladder of Power*. WC2 saw the museum as engaging in active processes of reflection in which the needs of community participants (in this case the desire to populate the audio-guide with their own experiences and the need to be flexible to participants' varying requirements) were sensitively balanced with the need of curators to design an exhibition within a set timeframe. Specifically, the staff member of *Core Arts* did not see the curators as trying to tell the stories of their constituents for them, an issue that, as shown at *The Mind*, can, and often does, lead to distrust and dissatisfaction on behalf of community participants regardless of the agreed upon nature of engagement (Munro 2013). Instead, they were empowered to present their stories, to own and claim them as their own, though this obviously happened within the limitations of the agreed upon guidelines.

Collaboration with HH1, an independent artist, on the *Madlove* project involved a similarly flexible and self-reflexive approach (Nicholls 2009). HH1 was contacted by WMC2 at an anxiety festival in which they had both been involved and was asked if she would exhibit the *Madlove* project in the upcoming exhibition. WMC2 (from the museum) commented that regular meetings were held and that independence was given to HH1. The role of the museum consisted of trying to support HH1 to develop the project as HH1 saw fit while ensuring that the commission went in a direction that WMC2 felt 'would work in the exhibition'. This openness and flexibility were important for HH1 as HH1 identified as being most productive when given the independence and free reign of creative license:

> *How easy or hard did you find it to engage with the museum and its curators when discussing certain issues or topics? Do you think they listen/ed to you?*
>
> [HH1] I'm self-motivated and have enough experience to kind of… confidently go about my business without having to have constant reassurance. In many ways, it was more logistical conversations but it was… we had a big meeting with everybody there and set the vision for the piece and the kind of development and how things evolved happened contained within those big illustrations and the model itself. Because of the format, there wasn't a need for the evolving kind of creative discussions. But, no, generally WMC2 was very easy to contact because I could just call and WMC2'd pick up the phone […] they were very accommodating.

HH1 also noted that *The Wellcome* did an effective job of making complex topics accessible, playful and challenging without 'dumbing them down' for visitors. This is something that HH1 feels is rare to see within museum settings, however the free-flowing style of collaboration led to issues that placed the collaborative relationship under strain. Expectations about the drafting process and what the commissioned product would involve were not as clear to HH1 as curator WMC2 perceived them to be:

> *How often were you both talking throughout that process?*
>
> [HH1] I think WMC2 and we thought that we had all our schedule and then there was kind of feedback that was coming through beyond her control really about the curatorial vision. The actual practical thing was that they felt we had too much text on one piece and we couldn't, we didn't have time to redo it. We didn't have the energy to redo it and we felt that was… it was important for it to be the way it was and that all of the work had to stay in […]. Either of us could have easily communicated but it was really about a feedback process.

> WMC2 felt that she hadn't seen the work but we didn't have a deadline to show her work for feedback […].

The importance of establishing clear lines of communication, of articulating deadlines and outlining expectations has already been discussed and is again highlighted by the transcript above. This can be seen further in the following examples where the failure to establish a method for ensuring clarity led to friction. Differences in opinion over artistic interpretation and expectations regarding ownership of the community project were not sufficiently articulated. WMC2 was conscious about offending anyone from a vulnerable community and was aware of the need to let HH1 develop her project independently. WMC2 was also conscious of the need to ensure the project fitted within the overall exhibition vision. Similarly, WMC2 was mindful of her position of power as a staff member of the museum and worried whether it was ethical for her, as someone with no personal experience of mental health, to curate and edit others' experiences. WMC2 was also used to being able to 'push' the artists she worked with to ensure their work took an agreeable direction:

> [WMC2] My role is to create a coherent, or what I believe it is with my expertise as an exhibition maker, where I believe it is a coherent narrative for our visitors. In that process, you're editing things out, and when you're working with vulnerable groups it's challenging because the last thing you want to do is upset anybody. I think in other exhibitions I could push the artists a bit more to a result that fitted with the vision for the exhibition.

The fact that the museum acknowledged these difficulties and imbalances is an indication that they had engaged, to some degree, in the self-reflexive process that has been highlighted by Nicholls (2009), Koster, Baccar and Harvey (2012) and Waterton (2015) that are central to functional engagement. It does not mitigate the fact that balancing these needs and worries was a challenging task that was not always smoothly navigated. In some ways, curator WMC2 anticipated and accepted that a moment of friction would occur, noting that 'there is always going to be a moment of friction where you have to say "Well, I think we should do it this way" and that's very difficult'. This moment came when HH1 interpreted WMC2's demands for edits to the text as an overstepping of boundaries:

> [HH1] […] we also thought what we put in was up to us. It was an artistic issue and they wanted to make changes and were treating it more as a piece of designer print that could be edited. Whereas, we were like "This is what we want to say! You wouldn't make changes to a painting and even though it

> doesn't look like what you think of as art, this is our art". So there was a little bit of a kind of artistic boundaries issues in there.

HH1 reached a 'kind of crunch point' where boundaries had to be 'reasserted'. Such findings highlight that museums cannot expect to tell peoples' stories for them. There must be a legitimate sense of 'shared authority' (Lynch and Alberti: 2010: 15, 17, 20) in which efforts to achieve co-production are not overshadowed by museum claims of cultural authority. They also demonstrate the importance when working specifically with mental health community participants of taking account of their emotional needs. As noted by HH1, disputes over artistic boundaries, as well as the expectation of longer than average working hours, something that HH1 told staff she was not capable of, resulted in a draining of her energy. This meant that HH1, as someone who already deals with significant mental health symptoms, began to experience worsening mental health:

> [HH1] We'd burned ourselves out to get to there which we did willingly but we couldn't then accommodate another round of feedback and it was kind of an artistic dispute about what should be left in and what should be left out when we were editing things. It was a point where we were too… we had spent all our energy and it was having a negative impact on us. It was kind of really about the way the project was structured and I think maybe there needed to be more attention … basically, there is a presumption within the arts that artists stay up all night [laughs] and can work crazy hours and that's mirrored in organisations […]. In lots of situations we are having to educate people [museum staff about mental health symptoms and how many hours a week they can work] as we go along. That can be very difficult when you are experiencing mental health systems but also having to take responsibility for the education of the person in that situation when it is kind of doing you harm, not intentionally, but it's contributing to the situation that is making you unwell.

This excerpt highlights that a framework based on a genuine commitment to social advocacy that engages and seeks to empower community groups is not, in and of itself, adequate to avoid replicating stigmatised outcomes for mental health community participants. Work with individuals with mental health issues must also account for their specific needs (for example, later starting hours, an understanding that working hours will be set that may not match institutional standards). The importance of this is again demonstrated in the following section. As is shown, the *Museum of Brisbane's* decision to embrace a framework of social enterprise, as outlined in the literature review, meant that the community viewed engagement as genuine, committed and

beneficial. Nonetheless, the museum's failure to take full account of the difficult nature of mental health led to similar issues of emotional fatigue that left certain participants feeling drained.

5.2.4 *Remembering Goodna* (The Goodna)

The Goodna exhibition was initially conceived as an historical look into the past and present of the now called *The Park Centre for Mental Health,*[14] Brisbane's oldest and largest psychiatric asylum. One of the curators (BMC1) noted that the museum 'understood it to be an historical project and it was only as we got into it more that we realised what a social justice project it was'. The curatorial staff recognised early on after embarking on initial object finding missions that gaining access to psychiatric items was difficult due to ethical clearance and government regulations, with one senior curator noting:

> [BMC1] It (*The Goodna*) was a closed environment. Having a photo taken is unusual […] and this is what we need to make an exhibit out of! We need photos, we need stuff […] that's why we, lacking 'real', historical stuff, that we took this community approach. [It is for this reason] that we went "What's in people's minds and people's personal collections?"[…]. I guess one of the ways that we curated at *Museum of Brisbane* at the time was through personal stories. They were a way in for museum visitors to understand what other people experienced, and we thought "How are we going to get this personal [material]?".

A curatorial panel with a former Psychiatric Nurse and mental health advocate (referred to as PN1), and a community worker that was brought on as a museum staff member (referred to as C2), was established to gain access to personal stories. Community projects like PN1's were organised with an understanding that they were to be 'an exhibition within an exhibition', and that they would fulfil the criteria of adding a human dimension to the exhibition space. An extractive, supplementary and consultative framework (see Munro 2013 for more on supplementary frameworks) therefore underlined the museum's initial curatorial approach to exhibition and community engagement.

The curators were quickly made aware of the communities' views that the exhibition

[14] This facility has previously gone under the names of *Goodna Hospital for the Insane, Goodna Mental Hospital, Woogaroo Lunatic Asylum* and *Wolston Park Hospital Complex.*

could not simply take an historical approach or present the stories of former and current patients and sufferers of mental illnesses. Instead, PN1 and C2 both contended that the history of *The Park Centre for Mental Health* was not a history about a physical site, but a history of the people that had lived at the institution. The museum, PN1 and C2 argued, had no right to tell the stories of these people for them. Instead its role should be to help facilitate people to tell their own stories. According to C2:

> I came in on the curatorial team meetings and I think PN1 would have come on at this stage too. I think my reading of it was that we shifted the narrative because we were representing… they wanted it to happen but it hadn't, so we were representing the experience of people who had actually lived there and the experience of people actually living now with mental health issues.

PN1 expressed similar sentiments:

> […] We had a meeting and it was a little cool. They had a particular curatorial museum focus and I brought to that meeting a new idea, which was you can't do this exhibition unless you include mental health consumers and tell their story or else it wouldn't work. It would be a big mistake. I don't think I expressed it quite like that, but I could see that they hadn't thought much about that.

This sentiment strongly impacted the curatorial team. For curator BMC1, the importance that the exhibition challenged stigma came directly from PN1 introducing the curators to the slogan 'nothing about us without us'. BMC1 noted 'that was a strong thing in the disability movement and we all, it seemed to really resonate with [us]'. This shifted the curatorial to being about advocacy and PN1 felt that 'they were very inclusive right from the start with my take on things'. The curators realised that this change in focus meant the staff would need to undertake mental health training and a visit to *The Park Centre for Mental Health*. BMC1 noted this was because they were 'aware that the museum staff had their own preconceptions and prejudices'. Regular panel meetings were scheduled to discuss the community projects with PN1 and C2.

In this way, the community participants challenged the curatorial framework of engagement from one based on practical necessity to a framework rooted in ethical requirements around mental health advocacy. A form of reframing of museum practices occurred where the community 'appropriated, transformed, negotiated and contested' curatorial practices (Varutti 2013: 61). Discussions about the trajectory and underlying

aim of the exhibition were undertaken that raised unintended questions. These questions, as Clifford (1997: 188-219) and others have found in prior studies, extended past the initial parameters of discussion set by the curatorial team and resulted in significant changes to the direction and purpose of the exhibition. The response of the museum to these concerns demonstrated the 'curatorial willingness to break down traditional power hierarchies' (Golding 2013: 20). It also showed a commitment to an 'overall rethinking of museum priorities and modes of action' (Varutti 2013: 70).

PN1 and C2 helped to educate the curators on the need for clarity. Curator BMC1, when asked about the difficulties of working with communities, stated:

> [BMC1] You have to be really careful of... and C2 was always very adamant about this because C2 had experience working with communities, you have to be really clear about what peoples' expectations are too. Don't go out and tell people they are going to be able to tell whatever they like in the exhibition when you know you can't. We had to say, "We'd like to film you, and you can say what you want but ultimately we're going to edit it". We did say "We're going to do this but staff members [of *The Park Centre for Mental Health*] are going to have their say as well". Some people [who had been abused by former staff members] were like "No" […]. If you can't do it properly its probably better not to do it at all because you do really raise peoples' expectations and if they're vulnerable people that's a real ethical issue.

The acknowledgement therefore of the difficulties involved in community engagement work, as well as the importance of setting clear guidelines when working with the mentally ill, grew out of the curator's experience, but also from discussions with the community members they engaged. The project was kept open and free-flowing to allow PN1 and C2 room to create and to freely express their voices, and the communities' voices they represented. C2 was left to 'shape up' what her role of mediation between community and museum should involve. Former staff and patients could also decide to be more intimately involved in helping to decide how certain objects were hung in the exhibition. This level of flexibility and independence granted to the community participants was appreciated particularly by PN1 who noted that he was 'left very much to my devices' and that he had nothing but 'good things to say' about the creative team. For PN1, the curators were sensitive but flexible and willing to listen and act on suggestions that led to the exhibition being 'honest'. It did not, as PN1 describes, water down or shy away from the difficult nature of the topic in order to please its visitors as has been found in other studies of community engagement projects

and in other case study sites (Lynch 2009, 2013).[15]

Difficulties in the process of collaboration arose though when adequate structures were not put in place to help community participants navigate the emotionally fraught landscape of mental health and illness. C2 felt that the Museum staff tried to be supportive and empathetic and mentioned she would usually undertake debriefing with a friend. Due to the nature of the exhibition, she felt that support should have been more formally, and fully, included in the structure of engagement. Senior curator BMC1 organised a debriefing session at the conclusion of the exhibition. C2 felt unable to emotionally participate by that stage:

> [C2] I needed more debriefing support. Normally I would do that, as I have said, I have a friend that I have paid her to do debrief stuff with, but it should have been part of the whole deal. And, then when we did our wind up of our curatorial team, BMC1 worked on having a feedback session. I was honestly exhausted and I just couldn't feel I could engage with the feedback session or the feedback on the processes we'd done. To do that we need to again think about maybe having a facilitator because people had been through quite a journey, rather than just do it ourselves when people are tired and there's been a lot of… you experience vicarious traumatisation doing this type of work. So we need a facilitator. [This would have meant] I would have felt more supported… [because] it's a scary area and then when you start hearing the stories it's absolutely even more awful hearing what was happening on your doorstep in Brisbane […].

Interestingly, curator BMC1 also commented on the lack of a debriefing structure and felt that the museum management should have factored this into the exhibition development process. BMC1 noted that the staff, including herself, were 'naïve' in their expectation that they could adequately manage the topic without formal structures for dealing with the vicarious, emotional discomfort that would inevitably occur in such a project:

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[15] It must be acknowledged that the shortage of structure did, however, led C2 to experience some degree of confusion and frustration about her role. As C2 noted:

> I think the hard part for me was the role was very unclear and I made it those two aspects the liaising, almost a little bit of a PR aspect with the mental health sector of course to get some input and the other one… so the role wasn't clear to anyone. That's always difficult, particularly when you're working in difficult areas.

This frustration at being brought on late in the design process was not unsurprising. Community perceptions of a lack of ownership or a feeling of not playing an active role in exhibition development can be reinforced by a failure to be adequately incorporated into all stages of the development process (Fouseki and Smith 2013).

> [BMC1] […] I don't think the museum put in place enough duty of care or support for those of us working on it. We have really different stories. I drank a lot when I worked on this project because you just rely on your own strategies and the thing is, I'm a pretty robust person but I remember C2 and I meeting a woman and after we met her we just sat in the car and cried. It was terrible. It was so sad! And you're hearing a lot about injustice. So there was that and I think […] by the time the exhibition opened we did training for our front of house staff but we didn't go into it knowing that we should do that which seems really naïve but we just didn't […]. There was messy trauma stuff happening all over the place!

This highlights the dangers of failing to have adequate measures to account for the inherently confronting nature of mental illnesses. Without such measures, museum-community engagement with the topic of mental health that is based on well thought out, community-oriented frameworks are still likely to result in trauma, fatigue and a potential break down. BMC1's comments also indicate that, as with any difficult but effective collaboration, the process involved learning and a willingness to acknowledge issues, barriers and concerns (Lagerkvest 2006; Fouseki and Smith 2013). It was a process that required the museum and the community participants to learn to adapt to unexpected and unfamiliar situations. It also required all participants to actively listen to each other's advice and concerns. PN1, in particular, found their experience of engaging to be particularly useful in developing new skills and in 'shifting his thinking' about asylums and psychiatric artefacts. This happened as the museum guided PN1 through processes with which he was unfamiliar with and taught him how to apply a curatorial filter over his artworks:

> [PN1] […] All I did was expand the exhibition to include consumer narratives. Once that happened they put a curatorial filter across it. That was interesting for me because I hadn't been a part of that process [before].
>
> *Could you talk a little bit about what that filter involved?*
>
> [PN1] […] I was familiar with it [medical objects like ECT machines] as a practitioner and I was shocked actually. Once I saw the objects the way the public might see them or saw the objects the way the museum staff were seeing them, even though I was familiar with the objects, I actually was shocked to see them in this context because they looked more threatening. They looked antiquated and part of something that was awful and really, for me, I had to come to terms with my own part in the institution. Now that occurred for others too in the comments book. So, that exhibition shifted my thinking. I knew that those institutions were wrong but that exhibition assisted me to make leaps I hadn't made.

Thus, while issues occurred due to a lack of planning for the specific difficulties involved when working on topics of mental health, museum staff and community participants engaged in self-reflective processes (Nicholls 2009). The difficult nature of the topic, as well as the hardships involved in engaging with communities around the issue of mental health and illness, was acknowledged and a commitment on behalf of museum staff in pinpointing failures and seeking to learn about and improve their practices occurred.

5.3 Discussion

The community consultation that occurred across the case study sites took a number of different forms and resulted in a range of different outcomes for museum staff and community participants. With this said, several recurring themes emerged throughout many of the community engagement projects. Foremost of these was a lack of clear communication and, in the case of *The Mind* and *The Bethlem*, a simplistic and facilitation-based framework for engagement. This framework viewed community work as peripheral to the museums' core functions of curatorship, an issue that has been discussed in length in Chapter Two and that has been cited as leading to tokenistic outcomes for community participants in other studies. Interestingly, this occurred regardless of staff recognition that maintaining avenues for discussion is vital to functional engagement and that museums, as publicly-funded institutions, have an ethical responsibility to address important social issues and include a diverse range of voices.

The need for clear communication within museums has been highlighted by academics as an essential component for successful engagement (Fouseki and Smith 2013; Onciul 2013). According to Onciul (2013: 92), 'to keep an engagement zone open and active requires good communication to facilitate ongoing power-sharing, decision making, and the exchange of information'. Likewise, loosely defined notions of community have been linked to a host of negative outcomes (Crooke 2010). An honest acknowledgement of the limitations of what can be achieved within an exhibition, or a clear recognition of the imbalances in power that inevitably exist within the power-laden setting of museological institutions, is difficult to achieve without proper and effective communication (Fouseki and Smith 2013; Watson 2007). Nor can differences in agendas and opinion over the direction of an exhibition be effectively discussed and

debated without a commitment to dialogue. Engagement is likely to become extractive without a well thought out rationale behind why a museum is undertaking community engagement, a clear understating of the framework of engagement that will be used and a belief that community work is a central function of museums (Weil 2002: 75-80; Fleming 2010, 2016; Waterton 2015).

The inability to acknowledge power imbalances that can come from poor communication structures and supplementary frameworks for engagement often fosters in community participants a sense that museums are not willing to engage in processes of power-sharing (Smith and Waterton 2009: 19, 78-80, 140). It can likewise lead to the failure to articulate expectations and limitations about what can be achieved during engagement. This can, as was witnessed by several community participants in this study, create disappointment, confusion or a feeling of being used when initial community expectations fall short or are not met (Keith 2012). As noted by Keith (2012: 52):

> Unless the temporary nature of the project and the finite boundaries of the partnership are explicitly communicated, feelings of resentment may arise within the community group, leaving the impression that the collaboration between the 'margins' and the 'mainstream' is both tokenistic and instrumentalist and poorly valued.

Such approaches then, often engender a belief amongst communities that the engagement is what Lynch and Alberti (2010: 17-18) term 'participation lite' – the process of including community voices in the museum to satisfy political or institutional demands.

These issues have plagued a number of community engagement projects that were reviewed in Chapter Two. As this chapter shows, they similarly functioned to undermine certain collaboration efforts that were observed at a number of the case study sites here. Evidence of this was shown at *The Mind*, where the curatorial approach to engagement failed to engage the community participants in fruitful discussion. Although it has been highlighted that curatorial staff at *The Mind* did not intend for their engagement with community participants to operate as a genuine form of collaboration, this Chapter has demonstrated a number of issues that can arise when engaging community participants within the museum sphere, even in basic ways, when goals and expectations about what the engagement is for, and what it hopes to achieve, are not

well articulated. At *The Mind*, the museum's insistence that it was disinterested in providing a voice for the mentally ill stood in stark contrast to the communities' desires to express their personal views on the issues that the mentally ill face in contemporary society. The communities that were engaged experienced, to varying degrees, a sense of alienation, dissatisfaction and a belief that they were not really 'partners' with the museum. They felt that they were engaged simply to gain access to objects and stories that would enhance the exhibition, which was the outlined purpose by the curatorial staff for engagement. Yet a clearer articulation of what the engagement would entail and a management of expectations may have helped to reduce the confusion around the process of engagement and the subsequent alienation some participants experienced as a result. Unfortunately, this sense of alienation created scepticism regarding the museum's intentions, a subsequent erosion of trust and prevented the museum from forging a better working relationship.

The interactions that took place between the community participants and curatorial staff at each of the case study sites were also framed by the distinctly confronting nature of mental illnesses. The work of Corrigan *et al.* (2003) and Hinshaw (2007: 81-83, 95-97, 123-124) discussed in Chapter Three have shown that mental illnesses and the mentally ill tend to challenge and unsettle peoples' perceptions of control. They force people to reflect on their lack of ability to determine the trajectory of their health and ask individuals to empathise with people who are seen as outsiders by mainstream society. Curators at each of the case study sites worried about the potential impact that this might have on visitors. While an understandable concern, the failure on behalf of certain curators to adequately balance these fears with the desire of participants to discuss difficult aspects of mental health meant that some participants believed stigma hampered the exhibition design. This stigma did not manifest in active vilification of the mentally ill. It took the more subtle form of avoidance, where the topic of mental health and the mentally ill were engaged in a manner that ensured a palatable, yet diluted, narrative about mental health issues for the museum audience.

This stigma reduces the opportunities for communities that are engaged by museums to openly engage the public in dialogue about mental health. Ultimately, this risks reinforcing the unequal power relations that community engagement efforts were developed to redress. The perceived unwillingness to embrace the concerns of mental health community participants and the perceived tendency towards suppression of

certain contentious views around mental health witnessed at *The Mind*, and to a lesser degree at *The Wellcome*, is a serious issue. This is because stigma has prevented the mentally ill both historically and in contemporary times from openly discussing aspects of various mental conditions in a variety of social settings (Gray 2002). For instance, fear of declaring or discussing one's mental health issues within public spheres has carried the consequence of being labelled as 'other' and, as a result, the risk of suffering some form of reprisal (Clement *et al.* 2015). Such an inability to discuss the uncomfortable issue of mental health has, as a result, contributed to the high levels of social isolation and otherness that the mentally ill continue to experience (SANE Australia 2005, 2014: 2, 15).

Museum-community collaboration with members of the mental health community cannot, therefore, be based on the premise of trying to simply include their voices within a museum context (Arnstein 1969; Varutti 2013). Frameworks based on basic notions of inclusion will go some way to remedying imbalances in the types of mental health voices represented within museological settings. It can also result in a re-entrenching of stigmatised outcomes for some members of various mental health communities. Instead, museum work with mental health communities may benefit from demonstrating a commitment to 'rethinking' museum practices and procedures, as Varutti (2013: 70) has argued for.

Part of this rethinking when working with members from various mental health communities may benefit from a consideration of the specific emotional difficulties involved for both curators and community participants when working on projects about mental health. The confronting nature of the topic means that museum staff and community participants who engage in collaboration on such projects will be placed under emotional strain. Community participants, many of whom already deal with symptoms resulting from their mental disorders, feel keenly the added pressure of stress that comes from navigating engagement with large institutions or that can come from reliving deeply upsetting or destabilising moments in their lives. This can, as occurred at *The Bethlem* and *The Goodna*, increase friction between museum and community participants and undermine the museum-community relationship and their willingness to work on such projects in the future. As noted by HH1, a museum's failure to take account of the stressful nature of mental health work can result in a worsening of mental health symptoms for community participants. This in itself may be viewed by

community members, as it was by HH1 in this study, as a form of institutionalised stigma in which the museum is unable, or unwilling, to accommodate for the specific working needs of participants during and post collaboration.

Formal structures for debriefing then, that are included both during the process of engagement and post-completion, are a necessary component when undertaking museum work with individuals with mental health issues. This could potentially reduce the burden of both curators and participants that is associated with undertaking the difficult task of developing an exhibition around mental health. It may provide, for example, an opportunity for issues and concerns about the impact that participants' mental illnesses might have on aspects of collaboration to be raised by both parties and to be worked through as they occur. As noted by Lagerkvist (2006), moments of conflict during collaboration offer an excellent, yet often underutilised, opportunity for reflection and cross-party dialogue to occur.

A central theme that ran through the case study sites was that it is difficult to achieve such reflection if a museum's commitment to engagement is not based, in part, upon some degree of ethical belief in the necessity of working with community groups. Obviously, as noted in Chapter Two, community engagement may be based upon a range of frameworks and justified in various ways (see Fouseki 2010). This may include the need to gain access to resources or expertise (for example, the stories of individuals with experiences of mental illnesses), a desire to connect with communities in order to maintain relevancy or funding or a belief in the benefits of resource sharing. These categories do not need to be mutually exclusive, nor are they individually non-beneficial or invalid. As is indicated by the interviews discussed above, a failure to view community work as a core function of museums often leads to supplementary forms of engagement that are quickly viewed by communities as unhelpful, or worse, stigmatising. Importantly, this does not mean that curatorial control need be ceded away from curators. As noted by Fleming (2006), exhibitions will become cluttered and disorientating when curators do not maintain a degree of control over the directive vision of an exhibition, a point that curators in this study understood. It does mean that curators must be willing to think outside of traditional frames of reference to develop ways of developing exhibitions that are mutually acceptable to staff and participants.

The benefits of a community-centred, social entrepreneurship approach to engagement

are seen in the outcomes of engagement undertaken at *The Goodna* and *The Wellcome*. Clear notions of community, and rationales for choosing to work with community groups, were articulated and perceptions of power and authority were taken into consideration. Suggestions from the community regarding the desire to change the direction of the exhibition resulted in a legitimate rethinking of curatorial practices and significantly altered the direction of the exhibition. This is something that would not have been easy to achieve without their beliefs that museums must engage honestly with communities and people, not objects, to pursue socially conscious goals. The curators and community, for instance, developed mutually accountable and agreeable ways for thinking about psychiatric hospitals and the representation of the lived experiences of the mentally ill. Negotiation about curatorial filters and processes of editing occurred, as did discussions about the form that recognition for community contribution would take. Moments of conflict and difficulty were not avoided. Instead, they were used as a chance to reflect on how curatorial processes could be improved.

It is worth reiterating that challenges remain when engaging the mentally ill in the museum sphere even when such an approach is adopted. Each approach to engagement would benefit from being tailored to the needs of the mental health community members and participants being engaged. Onciul (2013: 79) is correct when she highlights the seemingly obvious, yet often unaccounted for, fact that 'What occurs in an engagement zone and what it produces depends upon the collaborative approach used, the participants involved, the way the process unfolds, and the context in which it occurs'.

5.4 Conclusion

Collaboration within a museum context with individuals or groups who have experience of mental illnesses is clearly a difficult and demanding task for all involved. That such collaboration has the potential to be rewarding and, more importantly, to create a sense of empowerment amongst community participants is demonstrated by the case studies. The degree of success depends on the museum's practical and philosophical approaches to community work, as well as their ability to account for the range of specific needs that participants with mental illnesses may require.

A key element observed in the community-museum relationships in this study is that

mental illnesses have the potential to profoundly upset certain individuals in ways that dealing with other forms of communities may not. Mental health issues are unique due to their ability to challenge our sense of control and because they can affect anyone regardless of race, class or gender. This was something that curators in this study worried about and it resulted in a furthering of stigmatised outcomes for community participants when poorly navigated by museum staff. The following chapter continues this analysis of the destabilising nature of mental illnesses by analysing the responses offered by visitors to exhibitions at three of the case study sites. It demonstrates that the sense of vulnerability experienced by many visitors resulted in a wide range of reactions, including that of distancing and avoidance analysed in Chapter Seven. A chapter (Chapter Six) outlining demographic data is first provided to better understand the demographic characteristic of each sample of visitors and how these potentially impacted upon visitor responses and preferences for visiting experiences.

Chapter Six

Visitor demographics and contextual setting

6.1 Introduction

In exploring the ways in which visitors engage with mental health issues, this study looks at visitor responses to three of the curatorial projects discussed in Chapter Five. These are *Melbourne Museum* (*The Mind), Wellcome Collection* (*The Wellcome)* and *Bethlem Museum of the Mind* (*The Bethlem*). As mentioned in Chapter Four, visitor interviews were not undertaken at *The Goodna,* as this exhibition closed before the commencement of this Ph.D. It is helpful to define the sample of this study before reviewing the types of responses that were offered by visitors at the three sites outlined above (Chapters Seven and Eight). This is because the contextual setting of each museum varied and influenced the types of visiting demographics that were seen at each site. These variations in demographics subsequently had an impact on the types of visiting experiences that were sought out. This must be kept in mind when evaluating observations from this study. The impacts of these demographic variations are highlighted here but are contextualised further throughout Chapters Seven and in Chapter Eight.

This chapter argues that the specific focus of *Bethlem Museum of the Mind* and *Wellcome Collection* on mental health issues meant that visitors to *The Wellcome* and *The Bethlem* tended, on average, to be older, more experienced museum visitors, work in occupations related to mental health issues and to identify with the material due to experiences with mental health issues more frequently than visitors at *The Mind.* The mainstream nature of *Melbourne Museum* meant that visitors at *The Mind* were typically motivated by general interest to visit the museum and identified as having less personal connection to the mental health material.

6.2 Overall visitor profile

A total of 358 visitors were interviewed across the three case study sites where visitor interviews were conducted (95 at *The Bethlem*, 93 at *The Wellcome* and 170 at *The Mind).* Reasons for the variation in the number of interviews at each site are explained

in Chapter Four. Of the 358 visitors interviewed, 36.3% were male, 63.7% were female, and 37.7% were 45 years or older. The majority of visitors (90.8%) self-identified as Caucasian or Caucasian variants (for example, Anglo-Saxon, White-British) and were the dominant visitors at all sites, while 57.8% of the sample visited a museum three times a year or more. The majority held occupations that indicated a significant degree of education had been attained and a reasonable percentage indicated that their occupations were related to mental health.[16] Of the overall sample, 18.5% nominated medical professions or studies relating to mental health as their occupation, while a further 55.3% of the overall sample worked as managers, professionals, students, worked in I.T., or were involved in creative industries (for example, theatre, artist, music etc.). A small percentage identified as working in traditionally blue-collar professions like labourers or tradesmen (3.5%), while an additional 10.8% worked in either administration or in hospitality. The following tables (6.1 to 6.4) provide a break down of gender, age, occupation and ethnicity in the overall sample:

Table 6.1: Overall Sample – Gender

		Frequency	Valid %
Valid	Male	130	36.6
	Female	228	63.7
	Total	358	100

Table 6.2: Overall Sample – 'What age category do you fall into?'

		Frequency	Valid %
Valid	17-24	101	28.2
	25-34	84	23.5
	35-44	38	10.6
	45-54	48	13.4
	55-64	54	15.1
	65 and over	33	9.2
	Total	358	100

Table 6.3: Overall Sample – 'What is your occupation?'[17]

	Frequency	Valid %

[16] It is difficult to infer the level of educational attainment of the overall sample in this study, as a specific question about education was not asked.

[17] Codes for occupations were based upon the *Australian and New Zealand Standard Classification of Occupations*, 2013, Version 1.2. It was deemed necessary to create several new categories to identify visitors that were working or studying in fields relating to mental health.

Valid	Student, unemployed	82	24.1
	Professional	68	20.3
	Medical professional/worker or student of subject relating to mental health	63	18.5
	Sales, retail, hospitality worker or service provider	26	7.6
	Creative industry worker	20	5.9
	Other	16	4.7
	Retired	13	3.8
	Labourer or tradesman	12	3.5
	Community or charity work	11	3.2
	Administration worker, receptionist, secretary	11	3.2
	I.T., telecommunications worker, technician	10	2.9
	Manager	7	2.1
	Total	339	100
Missing		19	
Total		358	

Table 6.4: Overall Sample – 'How would you define your ethnic background or affiliation?'

		Frequency	Valid %
Valid	Anglo-British or Irish[18]	173	48.6
	Anglo Australian	103	28.8
	Non-British, Non-Australian Anglo-Saxon	40	11.2
	Non-Anglo Australian	15	4.2
	Non-Anglo or Mixed-Anglo British[19]	10	2.8
	White European, Slavic or Scandinavian	8	2.2
	Unsure	4	1.1
	South American	2	0.6
	Indian/Asian	1	0.3
	Non-Anglo American	1	0.3
	Total	357	100
Missing		1	
Total		358	

The sample was, therefore, similar and yet different in some ways to other studies about museum visitors. As noted by Smith (forthcoming, Emotional Heritage, London, Routledge), recent data about the overall profile of visitors to museums are hard to obtain. Studies with significant demographic data indicate that visitors to a range of museums tend to be from dominant ethnic backgrounds, to hold occupations that

[18] This includes other variants of Anglo-British. For example, White-British, Celtic-British, etc.
[19] This included visitors who identified as being African-British

indicate a degree of reasonable educational attainment and are comprised of a higher percentage of women visitors than men, findings that have been replicated in this study. A study by Bounia et al. (2012: 56, 61) of 5,356 people who filled in questionnaire data at nine European national museums found that 55.8% of respondents were female and 44.2% were male, and 36.4% were over the age of 45. A study by Smith (forthcoming, Emotional Heritage, London, Routledge) of 2,415 visitors to several museums in England similarly found that 47.5% of visitors were male and 52.5% were female, while 52% were 45 years or older. Respondents who identified as being White-British accounted for 69% of Smith's (forthcoming, Emotional Heritage, London, Routledge) sample. In this sense, the sample in this thesis was similar to these studies in that it had higher numbers of female respondents to male respondents and was comprised of a higher percentage of individuals from ethnically dominant backgrounds. The overall sample in this study did record higher levels of female to male respondents and rates of identification with ethnically dominant backgrounds than witnessed in these two studies. The reasons for such variations between this study and Bouina *et al.* (2012) and Smith's (forthcoming, Emotional Heritage, London, Routledge) are difficult to determine and may be related to a wide range of factors (for example, differences in the content of the exhibitions being shown, the types of museums that they were exhibited in, the time of year in which interviews were undertaken, etc.).

6.3 Variations in demographics at each case study site

The demographic profile of visitors at each individual case study site varied considerably when compared with the overall sample of 358 visitors. These variations and the factors that may have caused them are worth consideration. They likely influenced the types of visiting experiences that were sought at each site and the levels of engagement and disengagement that were witnessed. In general, the average visitor to *The Mind* was younger in age, came to the museum out of general interest, did not self-identify with the material on a personal level and worked in fields unrelated to mental health. Visitors to *The Bethlem* and *The Wellcome* were often specifically motivated to visit the exhibitions due to their self-identification with the mental health material, worked in fields related to mental health and were frequent museum visitors. An example of these variations can be seen in the following tables (6.5 to 6.8) that provide a break down of occupation and age at each museum:

Table 6.5: The Bethlem – 'What is your occupation?'

		Frequency	Valid %
Valid	Professional	28	30.8
	Medical professional/worker or student of subject relating to mental health	24	26.4
	Student, unemployed	12	13.2
	Labourer or tradesman	3	3.3
	Administration worker, receptionist, secretary	6	6.6
	Other	5	5.5
	Retired	3	3.3
	Creative industry worker	3	3.3
	Sales, retail, hospitality worker or service provider.	2	2.2
	Manager	1	1.1
	Community or charity work	0	0
	I.T., telecommunications worker, technician	4	4.3
	Total	91	100
Missing		4	
Total		95	

Table 6.6: The Wellcome – 'What is your occupation?'

		Frequency	Valid %
Valid	Medical professional/worker or student of subject relating to mental health	24	25.8
	Professional	21	22.6
	Creative industry worker	16	17.2
	Student, unemployed	11	11.8
	Sales, retail, hospitality worker or service provider	7	7.5
	Community or charity work	7	7.5
	Other	4	4.3
	Labourer or tradesman	1	1.1
	Administration worker, receptionist, secretary	1	1.1
	I.T., telecommunications worker, technician	1	1.1
	Manager	0	0
	Retired	0	0
	Total	93	100

Table 6.7: The Mind – 'What is your occupation?'

		Frequency	Valid %
Valid	Student, unemployed	59	38.1
	Professional	19	12.3
	Sales, retail, hospitality worker or service provider.	17	11

Medical professional/worker or student of subject relating to mental health	15	9.7
Retired	10	6.5
Labourer or tradesman	8	5.2
Other	7	4.5
Manager	6	3.9
I.T., telecommunications worker, technician	5	3.2
Community or charity work	4	2.6
Administration worker, receptionist, secretary	4	2.6
Creative industry worker	1	0.6
Total	155	100
Missing	15	
Total	170	

Table 6.8: What age category do you fall into?

Museum	**17-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65 and over**
The Bethlem	9.5% (9)	10.5% (10)	12.6% (12)	25.3% (24)	28.4% (27)	13.7% (13)
The Wellcome	11.8% (11)	26.9% (25)	16.1% (15)	15.1% (14)	16.1% (15)	14% (13)
The Mind	47.6% (81)	28.8% (49)	6.5% (11)	5.9% (10)	7.1% (12)	4.1% (7)
Overall Sample	28.2% (101)	23.5% (84)	10.6% (38)	13.4% (48)	15.1% (54)	9.2% (33)

Table 6.8 show that more visitors to *The Mind* (76.4%) were under the age of 35 when compared with *The Bethlem* (20%) and *The Wellcome* (38.7%) samples. Likewise, tables 6.5 to 6.7 show that more visitors to *The Bethlem* and *The Wellcome* worked in professions or studies related to mental health care (26.4% and 25.8% respectively) when compared with *The Mind* (9.7%). Reasons for these variations are hard to determine. In relation to discrepancies in age, two factors may account for this. One is that *Melbourne Museum* (where *The Mind* is exhibited) is centrally located to the city and free for students. Young people looking for a social activity to undertake may have found that access to the museum made it a viable option. This can be compared with *The Bethlem* that is located 40 minutes from the city centre. *Melbourne Museum* is also a mainstream institution that exhibits a wide array of topics and material. Previous exhibitions have covered the World Wars, dinosaurs and the biology of animal and

plant life. This exhibition diversity may have appealed to a younger audience when compared with the focused, niche topics relating to mental health that are covered by *The Wellcome* and *The Bethlem.* The specific focus on mental health issues at *The Bethlem* and *The Wellcome,* as opposed to the more general nature of *Melbourne Museum*, may also account for the higher number of visitors who worked in fields relating to mental health at *The Bethlem* and *The Wellcome*. This is important, as it is possible that visitors who worked in a field relating to mental health were more likely to be interested in the subject, and thus more likely to respond in an engaged and positive manner to the material. Therefore, the larger number of visitors from medical occupations at *The Bethlem* and *The Wellcome,* when compared to *The Mind,* may have contributed to the higher rates of positive emotional engagement and engagement with mental health themes that were witnessed at these sites. Likewise, the older age of visitors at *The Bethlem* and *The Mind* may have meant that visitors in these samples were more likely, on average, than *The Mind* sample to be comfortable in their social setting. This may have impacted their ability to articulate their responses to the interview questions. These are points that are explored further in Chapters Seven and Eight.

Differences between the sites can also be seen in the level of experience with museum visiting that the average visitor at each case study site had. For instance, 54.26% of *The Bethlem* sample and 76.34% of *The Wellcome* sample noted they visited a museum more than four times a year. Conversely, only 36.5% of *The Mind* sample highlighted that they were frequent and experienced museumgoers (defined as those who visited two times a year or more). This may have meant that *The Bethlem* and *Wellcome* samples were, on average, more likely to be comfortable within a museum setting and more able to direct their energy towards the exhibition messages and material than visitors at *The Mind* due to their higher rates of familiarity with museums. It is also possible that this degree of familiarity may have made these visitors more comfortable with being questioned by an interviewer within a museum setting than those less experienced museum visitors at *The Mind.*

6.4 Conclusion

This chapter briefly identified the sample of this study. It demonstrated a number of significant differences and similarities between the three sites where visitor interviews

were conducted. A key point made is, while the overall sample was similar to samples in other studies, variations in age, occupation, the experience that visitors had with museums and the setting of each museum may have influenced the types of visiting experiences that visitors at each site were seeking. It argued that visitors to *The Bethlem* and *The Wellcome* were often motivated visitors who had professional or personal experiences with mental illnesses. Comparatively, visitors to *The Mind* tended to come out of general interest and had less experience with the topic of mental health. This chapter has established a contextual background through which the visitor interviews presented in the following two chapters can be better understood.

Chapter Seven

Disengagement amongst museum visitors

7.1 Introduction

This chapter, and Chapter Eight, analyse results gathered from visitor interviews undertaken at *Melbourne Museum* (*The Mind),* *Wellcome Collection* (*The Wellcome),* and *Bethlem Museum of the Mind* (*The Bethlem*). This current chapter focuses on efforts visitors made to disengage from confronting aspects presented in each of the exhibitions. This disengagement is only one way in which certain visitors used the exhibitions. Chapter Eight, for example, discusses the different types of engagement with mental health issues that were undertaken by many visitors at each of the sites.

To investigate how and why visitors engaged, and at times, disengaged, these chapters focus upon codes that were used to determine visitors' preferences for engagement with the mental health themes when looking at a visitor's *entire* interview (see Chapter Four). For instance, this chapter explores two of the five overarching codes used to determine visitors' levels of engagement and disengagement with the mental health themes. These two codes were 1) *Uninterested, Unaware, Unrelated* or 2) *Basic, Clichéd or Unelaborated*. Chapter Eight then explores the types of engaged visiting experiences that were seen by looking at the remaining three codes, 3) *Assessing Social Consequences*, 4) *Deep Personal* and 5) *Heritage Pilgrims.* This chapter also draws upon codes that were used to measure the level of emotional engagement of visitors at each site when looking at a visitor's entire interview. In particular, it explores the *Basic Emotional Statements* and *Distressed* emotional statements made by many of these disengaged visitors. Chapter Eight then explores the more empathetic and emotionally active statements made by engaged visitors. Explanations and examples of these overarching codes are explored further throughout this chapter and in Chapter Eight. These codes are useful for illustrating interesting patterns that emerged in and between visitors who were classified as being disengaged or engaged at each case study site and when looking at the sample as a whole. To contextualise these codes, visitor responses to individual questions on the interview schedule were cross-tabulated against these overarching codes of engagement. These cross-tabulated results are presented in tables throughout both this chapter and in Chapter Eight.

This chapter begins by revisiting a range of contextual, demographic and design factors that were discussed briefly in Chapter Six and that likely influenced the types of engagement and disengagement that were witnessed in the overall sample and at each case study site. This provides an overview of a number of general characteristics that were associated with disengaged, and also engaged,[20] visitors (although the factors associated with engaged visitors are discussed further throughout Chapter Eight). This is important to understand, as these factors potentially impacted their preferences for certain types of visiting experiences. Tests of statistical significance that were run on a number of these cross-tabulated questions are highlighted to qualify the importance of certain key patterns that arose and that were, or were not, associated with these visitor groups. It is important to reiterate that this study does not look for hard generalizability, as explained in Chapter Four. It simply hopes to provide a degree of insight into a hitherto unexplored area. Statistical significance was not expected to be observed due to the relatively small size of the sample. Statistical significance that was observed must be treated with caution due to this factor.

The second half of this chapter focuses in detail on the specific types of disengagement that were witnessed in this study. General patterns associated with disengaged visitors that were identified in the first section are explored in more detail. This section shows that certain visitors appeared to disengage for different reasons and in different ways. Excerpts from visitor interviews, as well as responses to key individual questions, are used to highlight a number of important similarities and differences in and between disengaged visitors across the case study sites and in the overall sample.

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[20] As mentioned above, unless otherwise specified, Chapters Seven and Eight are referring to visitors that fit into the overarching codes of *Uninterested, Unaware, Unrelated,* or *Basic, Clichéd or Unelaborated* when referring to visitors who were unengaged or disengaged with the themes about mental health. When talking about engagement with the mental health themes, these chapters are referring to visitors who fit into the codes *Assessing Social Consequences*, *Deep Personal* or *Heritage Pilgrims.*
Likewise, Chapters Seven and Eight are referring to visitors who fit into either of the following codes when discussing visitors who were positively engaged with their emotions when looking at their entire interviews, *Engaged Positive Mild to Strong Emotion*, or *Empathetic Visitors*. When referring to emotionally confronted or unengaged visitors, these chapters mean visitors who fit into the following codes *Basic Emotional Statements*, *Distressed* or *Frustrated.* All of these codes discussed in this footnote refer to the types of engagement or disengagement that a visitor undertook when looking at their entire interview.

In general, disengagement with the mental health themes refers to efforts visitors made to prevent thinking about mental health issues in a critical or deep manner. At times, this took the form of a self-sustaining statement that prevented the need for deeper enquiry (for example, visitors stating that they were already aware of mental health issues so they did not need to pay attention to the finer details). In other instances, disengagement took the form of basic, unelaborated responses that indicated an overall lack of interest, willingness or desire to reflect upon the mental health themes. This disengagement occurred for a number of reasons. Part of this related to variations in the demographic at each site caused by differences in the contextual background of each museum (as has briefly been discussed in Chapter Six). Variations in curatorial approaches to the exhibitions and differences in strategies for framing the exhibits also contributed to these variations in levels of interest, engagement and disengagement.

Nevertheless, this chapter argues that visitor efforts to disengage were undertaken largely as the content relating to mental illnesses challenged their perceptions of control over their health and wellbeing. Strong feelings of personal vulnerability were prompted and this generated difficult emotions that visitors struggled to process. The decision to avoid reflecting on these topics did not amount to an active vilification of the mentally ill. Rather, it was similar to the common and stigmatised response to mental health issues of avoidance that is cited within stigma literature as leading to, and maintaining, discriminatory outcomes for the mentally ill (Corrigan *et al.* 2003; Overton and Medina 2008; Bos *et al.* 2013).

These findings pose interesting questions for the overarching research questions of this study about the role of learning within museums and the purpose and benefit that socially oriented exhibitions offer to society. They suggest that mental health stigma research that contends that prejudicial attitudes to stigma can be reduced through exposure and the acquisition of knowledge about mental health issues (Suicide Prevention Australia 2013; Simmons, Jones and Bradley 2017), an issue that is discussed further in Chapter Eight, may require a degree of reconsideration within a museum context. They highlight that while this may be true, visitors to museums can and do make efforts to avoid engaging meaningfully when exposed to mental health issues if they feel confronted. Curators might gain a more nuanced understanding of visitors at mental health exhibitions if they were to treat emotions as a serious component of the museum visit.

7.2 Findings

7.2.1 Context, demographics, strategy and design

When looking at the entire interview of a visitor, 26.3% of the overall sample fit into the codes associated with low overall engagement with the themes surrounding mental illnesses (that is, those visitors in the codes of *Uninterested, Unaware, Unrelated* or *Basic, Clichéd or Unelaborated*). These codes, in general, refer to visitors that did not mention mental health issues in their interviews, or whose interviews were dominated by shallow and uncritical statements about mental health – examples and explanations of these codes are explored in detail in the latter half of this chapter. Likewise, when looking at the coding for emotional engagement undertaken for an entire interview, 53.3% of the overall sample showed no signs of significant emotional connection with the mental health material or showed difficulties, or a disinterest, in working through the emotions it engendered (that is, those visitors who fit into the overarching codes of *Neutral or Information-Based, Basic Emotional Statements*, *Distressed* or *Frustrated*). These codes, in general, refer to visitors who expressed their views within an information-based context, who explicitly noted that the material was too confronting, who were heavily frustrated by an element of the exhibition or who made emotional statements that were left unelaborated and that did little to illuminate how they may have felt.

These responses were not equally expressed across the case study sites. The following two tables (7.1 and 7.2) show the types of engagement with the exhibition themes and the levels of emotional engagement with the mental health material that visitors exhibited in relation to their overall interviews at each museum:

Table 7.1: Overall engagement with mental health themes, based on coding of the entire interview

	The Bethlem	**The Wellcome**	**The Mind**	**Overall Sample**
Uninterested, Unaware, Unrelated	0.0% (0)	0.0% (0)	8.8% (15)	4.2% (15)

Basic, Clichéd or Unelaborated	9.5% (9)	17.2% (16)	31.8% (54)	22.1% (79)
Assessing Social Consequences	68.4% (65)	57% (53)	54.1% (92)	58.6% (210)
Deep Personal	16.8% (16)	20.4% (19)	4.1% (7)	11.7% (42)
Heritage Pilgrims	5.3% (5)	5.4% (5)	1.2% (2)	3.4% (12)

Table 7.2: Overall emotional engagement with mental health themes, based on coding of the entire interview

	The Bethlem	**The Mind**	**The Wellcome**	**Overall Sample**
Neutral or Information-Based	23.2% (22)	32.9% (56)	8.6% (8)	24% (86)
Basic Emotional Statements	12.7% (12)	25% (42)	37.7% (35)	24.8% (89)
Engaged Positive Mild to Strong emotion	16.8% (16)	21.2% (36)	12.9% (12)	17.9% (64)
Empathetic	42.1% (40)	18.8% (32)	33.3% (31)	28.8% (103)
Distressed	0.0% (0)	2.4% (4)	1.1% (1)	1.4% (5)
Frustrated	5.3% (5)	0.0% (0)	6.5% (6)	3.1% (11)

Tables 7.1 and 7.2 show that *The Mind* exhibition witnessed significant levels of emotional and intellectual disengagement or basic forms of engagement with the topic of mental health. *The Wellcome* sample also demonstrated some disengagement and basic levels of discussion, although to a significantly smaller degree than was found at *The Mind.* Discrepancies in rates of disengagement may be explained by several factors, several of which have been reviewed in the previous chapter. These are worth further consideration. In considering these, this section provides a better understanding of some of the general characteristics of visitors who were disengaged (that is, those visitors classified as *Uninterested, Unaware, Unrelated* and *Basic, Clichéd or Unelaborated*) and visitors who were engaged (that is, *Heritage Pilgrims, Deep Personal* and *Assessing Social Consequences*). In general, results from the following cross-tabulations in this section of the chapter, though not necessarily statistically significant, highlight that visitors classified as disengaged with the themes in the overall sample and, for the most part, at the level of each case study site, worked in occupations unrelated to mental health, tended to fall into the age category of 34 and below, visited the exhibitions simply out of general interest and did not identify personally with the mental health material more frequently, when compared with visitors that were coded as being positively engaged.

7.2.1.1. Contextual background

Chapters Four and Six highlighted how the contextual backgrounds of each museum differed and influenced the type of visiting demographic. *The Bethlem* and *The Wellcome* have a distinct focus on mental health issues and are located a reasonable distance from the city centre. Alternatively, *Melbourne Museum*, where *The Mind* was exhibited, is centrally located and deals with a range of general museum material. This meant that several visitors to *The Mind* (8.8%) voiced their surprise at mental health being discussed. They stated that the mental health components were unusual and unsettling as traditional museums like *Melbourne Museum* typically discussed historic topics like dinosaurs. For example, the excerpts below from three separate interviews illustrate how the topic of mental illnesses caught them by surprise:

> *Will you take away anything in particular from your visit?*
> [VST 154] Knowledge! [both laugh]. Nah, I don't know.
> [VST 155] It was a bit different to the other ones though [the other exhibitions in the museum]. It was a bit out there!

[VST 154] Yeah!
[VST 155] It's something different. You expect dinosaurs and then…
[VST 154] Plastic things, but this was kind of in your face!
VST 154: female, 17-24 years of age, retail, The Mind,
VST 155: female, 17-24 years of age, retail, The Mind

Do you think that museums are appropriate places to raise the themes, content and messages that were brought up in this exhibition/museum?
[VST 2] This is the first time I've actually run into [an exhibition talking about] inside the mind. I love to visit museums but it's more like old stuff and then like physical things rather than talking about mental or something intangible.
VST 2: Female 25-34 years of age, accountant, The Mind

Will you take away anything in particular from your visit?
[VST 3] I can't say that I've ever seen anything like that in a museum anywhere else. It would only be if you went along to… I think there's one at the university here. It's a medical museum. I was quite keen but it might have been overwhelming for one of us! [referring to the friend she was visiting with].
VST 3: female, 55-64 years of age, insurance, The Mind

The content of *The Mind,* therefore, challenged some visitors' understandings of the topics they expect museums to represent and how they understand museums to operate. This is not an entirely unexpected finding given that research by Cameron (2006, 2007) in Australia and by *BritainThinks* (2013: 6, 26) for the *Museums Association* in the UK both found that audiences value the pedagogic and authoritative nature of museums. Cameron (2006, 2007) argues that visitors have instilled museums with the authority to present legitimate and sanctioned interpretations of the past. They are expected to be safe and official accounts of agreed upon historical discourses (Smith 2006: 11). *The Mind* sample suggests that museums that fail to fit the 'standard' criterion of operation may shock, confuse and cause discomfort.

7.2.1.2 Age

Differences in the contextual background of the case study sites resulted in variations in the demographics of visitor profiles at each museum. A significant number of visitors at *The Mind* (76.4%) were under the age of 35 when compared with visitors at *The Bethlem* (20%) and *The Wellcome* (38.7%) (refer to table 6.8). Visitors 35 years or over in the overall sample tended to fall into the overarching codes for positive engagement with the themes around mental health (that is, *Heritage Pilgrims, Deep Personal* and

Assessing Social Consequences). These older visitors also tended to be associated with the codes for positive emotional engagement (that is, *Engaged Positive Mild to Strong Emotion*, or *Empathetic Visitors*) [21] when compared with visitors in the overall sample who were under the age of 35. In the overall sample, for example, 82.6% (n =143 out of 173) of visitors 35 years or older were coded as being positively engaged with the mental health themes, compared to 65.4% (n = 121 out of 185) who were 34 years old or younger and were engaged with the themes. The difference between these outcomes was statistically significant; that is, there was statistical evidence that those who were 35 years or older responded differently to those who were 34 years old or younger (p = .0002). Likewise, 53.7% (n = 93 out of 173) of visitors 35 years or older were engaged positively to some degree with the emotions raised by the exhibitions. This is compared with 40% (n = 74 out of 185) of visitors under the age of 35 who were emotionally engaged. The difference between these outcomes was statistically significant; that is, there was statistical evidence that those who were 35 years or older responded differently to those who were 34 years old or younger (p = .01093).

The finding that visitors in the overall sample who were 35 years or over tended to fall into the codes for positive engagement with the themes and emotions about mental health more often than visitors under the age of 35, tended to be replicated at the level of each case study site. In *The Mind* sample, 65% (n = 26 out of 40) of people 35 years or older were coded as being positively engaged with the mental health themes. Comparatively, 57.6% (n = 75 out of 130) of people 34 years or younger were engaged with the themes. The difference between these outcomes was not statistically significant; that is, there was no statistical evidence that those who were 35 years or older responded differently to those who were 34 years old or younger (p = .4646). Likewise, 45% (n = 18 out of 40) of visitors 35 years of age or over were emotionally engaged, while 38.4% (n = 50 out of 130) of visitors under the age of 35 were emotionally engaged. The difference between these outcomes was not statistically significant; that is, there was no statistical evidence that those who were 35 years or older responded differently to those who were 34 years old or younger (p = .4669).

At *The Bethlem*, 90.7% (n = 69 out of 76) of visitors who were 35 years or older were

[21] These overarching codes refer to the general patterns that emerged when looking at a visitor's *entire* interview, as opposed to the codes that were given in relation to a visitor's response to an individual question on the interview schedule.

engaged with the themes, compared with 89.4% (n =17 out of 19) of visitors under the age of 35 who were engaged. The difference between these outcomes was not statistically significant ($p \approx 1$). Similarly, 63% (n = 48 out of 76) of visitors 35 years or older were emotionally engaged, compared with 42.1% (n = 8 out of 19) of visitors under the age of 35 who were emotionally engaged. The difference between these outcomes was not statistically significant ($p = .1203$).

At *The Wellcome*, 84.2% (n = 48 out of 57) of visitors 35 years of age or older who were classified as being engaged with the mental health themes, compared with 80.5% (n = 29 out of 36) of visitors under 35 years of age were engaged with the themes. The difference between these outcomes was not statistically significant ($p = .7791$). Likewise, 47% (n = 27 out of 57) of visitors 35 years of age or older were emotionally engaged, compared with 44.4% (n= 16 out of 36) of visitors under the age of 35 that were emotionally engaged. The difference between these outcomes was not statistically significant ($p = .8331$)

7.2.1.3 Occupation

Chapter Six (tables 6.3 and 6.5 to 6.7) showed that more visitors to *The Bethlem* and *The Wellcome* came from professions or studies related to mental health care (26.4% and 25.8% respectively) when compared with *The Mind* (9.7%). Individuals who nominated as being part of a medical profession in the overall sample were more likely to be associated with the codes for positive engagement, both with the themes and emotions raised by the exhibitions, than those in non-medical professions who were more likely to be associated with the codes for disengagement. For instance, of those in professions relating to mental health in the overall sample, 84.1% (n = 53 out of 63) were deemed positively engaged with mental health themes. This is compared with 72.8% (n = 201 out of 276) of visitors in all other non-mental health related professions who were engaged with the mental health themes. The difference between these outcomes was not statistically significant (p .07587). Likewise, 49.2% (n = 31 out of 63) of visitors who worked in a profession relating to mental health were coded as being engaged in a positive manner with the emotions. This is compared with 46.7% (n = 129 out of 276) of visitors who worked in professions unrelated to mental health who were meaningfully engaged with the emotions. The difference between these outcomes was not statistically significant ($p = .7803$).

That individuals who nominated being part of a medical profession in the overall sample were more likely to be associated with the codes for positive engagement both with the themes and emotions tended to be true at the level of each case study site, with the exception of *The Bethlem*. For example, At *The Mind*, 73.3% (n = 11 out of 15) of visitors who worked in a profession relating to mental health were engaged with the mental health themes when looking at the overarching coding for their interviews. This is compared with 60% (84 out of 140) of visitors in all other professions who were engaged with the themes. The difference between these outcomes was not statistically significant (p = .4084). Likewise, 73.3% (n = 11 out of 15) visitors who worked in a profession relating to mental health who were emotionally engaged, while 38.5% (n = 54 out of 140) of visitors in all other professions were emotionally engaged. The difference between these outcomes was statistically significant (p = .01274).

At *The Bethlem,* 87.5% (n = 21 out of 24) of visitors who worked in professions relating to mental health were engaged with the mental health themes. Comparatively, 91% (61 out of 67) of visitors who worked in non-mental health related professions were engaged with the themes. The difference between these outcomes was not statistically significant (p = .6938). Likewise, 45.8% (11 out of 24) visitors who worked in a field relating to mental health were emotionally engaged, compared with 61.1% (n = 41 out of 67) of visitors who did not work in a mental health related field who were emotionally engaged. The difference between these outcomes was not statistically significant (p = .2329).

At *The Wellcome,* 87.5% (n = 21 out of 24) of visitors working in mental health related fields were engaged with the themes, compared with 81.1% (n = 56 out of 69) of visitors from all other occupations that were engaged with the themes. The difference between these outcomes was not statistically significant (p = .754). Likewise, 37.5% (n = 9 out of 24) of visitors working in mental health related fields were emotionally engaged, compared with 49.2% (n = 34 out of 69) of visitors who did not work in mental health related fields that were engaged. The difference between these outcomes was not statistically significant (p = .3513).

7.2.1.4 Frequency of visit

When asked the question, 'How many times would you visit a museum in an average year?', 54.26% of *The Bethlem* sample and 76.34% of *The Wellcome* sample noted they would visit more than four times a year. Conversely, only 36.5% of *The Mind* sample highlighted that they were frequent and experienced museumgoers (defined as those who visited two times a year or more). Of the overall sample, those who were frequent museumgoers tended to be coded as being engaged with the themes and emotions raised by the exhibitions when looking at their whole interview. For instance, 81.7% (n = 192 out of 235) of experienced museumgoers were engaged with the themes, compared with 58.5% (n = 72 out of 123) of visitors from the overall sample who visited a museum once a year or less who were engaged with the mental health themes. The difference between these outcomes was statistically significant (p = .0001). Similarly, 51% (n = 120 out of 235) of experienced museum visitors were defined as being emotionally engaged, compared with 38.2% (n = 47 out of 123) of visitors who visited once a year or less who were positively emotionally engaged. The difference between these outcomes was statistically significant (p = .02554).

The finding that visitors who were frequent museumgoers tended to be more commonly associated with the codes for positive engagement with the exhibitions themes and the emotions they raised than infrequent visitors was generally mirrored at each case study site. For example, At *The Mind,* 69.3% (n = 43 out of 62) of frequent museumgoers were engaged with the themes, compared with 53.7% (n = 58 out of 108) of inexperienced museumgoers. The difference between these outcomes was not statistically significant (p = .05242). Likewise, 51.6% (n = 32 out of 62) of frequent museumgoers were emotionally engaged, while 33.3% (n = 36 out of 108) of inexperienced museumgoers were emotionally engaged. The difference between these outcomes was statistically significant (p = .02313).

At *The Wellcome,* 83.1% (n = 74 out of 89) of experienced museum visitors were engaged with the themes, compared with 75% (n = 3 out of 4) of inexperienced visitors who were engaged with the themes. The difference between these outcomes was not statistically significant (p = .5365). Likewise, 46% (n = 41 out of 89) of experienced visitors were emotionally engaged, while 50% (n = 2 out of 4) of inexperienced visitors were emotionally engaged. The difference between these outcomes was not statistically significant (p = .6862).

At *The Bethlem*, 89.2% (n = 75 out of 84) of experienced visitors were engaged with the themes, compared with 100% (n =11 out of 11) of inexperienced visitors who were engaged with the themes. The difference between these outcomes was not statistically significant (p = .5919). Likewise, 55.9% (n = 47 out of 84) of experienced visitors were emotionally engaged, and 81.8% (n = 9 out of 11) of inexperienced visitors who were emotionally engaged at *The Bethlem* (this seeming discrepancy between emotional engagement and visiting frequency, as well as engagement with the themes and visiting frequency, may be explained by the low number of inexperienced visitors at this site). The difference between these outcomes was not statistically significant (p = .1181).

7.2.1.5 Identification and motivation

The contextual background of each museum also likely contributed to variations in the levels of personal identification that visitors experienced with the mental health material, as well as their identified motivations for visiting the exhibitions. Visitors who identified with the material due to personal or professional experiences with mental health issues, or due to a specific interest in the topic, were more likely to fall into one of the three codes for engagement with the mental health themes, as well as into the codes for positive emotional engagement. This was generally true at both the level of the overall sample and at the level of each case study site. Rates of personal identification with the material due to personal or professional experiences with mental health issues, or due to a specific interest in the topic, were, in particular, high at *The Bethlem* and *The Wellcome* when compared with *The Mind.* It is, therefore, worth considering the possibility that the sample of visitors to *The Mind* was, in general, less likely to draw relevance from the material to the same degree as the samples at *The Bethlem* and *The Wellcome* due to the more general nature of their visits. Significant numbers of visitors at *The Bethlem* and *The Wellcome* identified with the mental health material. An example of this can be seen in relation to visitor responses at these museums to the following question 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'. The following tables (7.3 and 7.4) show that high numbers highlighted that they had experiences of mental health issues either through work or their personal lives in relation to this question:

Table 7.3: The Bethlem – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their professional or academic life	28	31.5
	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	24	27
	No	17	19.1
	Visitor reported specific relevance due to their general interest in mental health	10	11.2
	Visitor felt it was just generally interesting or gave a generalised comment	6	6.7
	Visitor was unsure or gave a vague answer	4	4.5
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	0	0
	Total	89	100
Missing		6	
Total		95	

Table 7.4: The Wellcome – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their professional or academic life	27	29.7
	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	27	29.7
	No	21	23.1
	Visitor reported specific relevance due to their general interest in mental health	6	6.6
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	4	4.4
	Visitor was unsure or gave a vague answer	4	4.4
	Visitor felt it was just generally interesting or gave a generalised comment	2	2.2
	Total	91	100
Missing		2	
Total		93	

At *The Wellcome*, 88.3% (n = 53 out of 60) of visitors at this site who felt the exhibition was specifically relevant to their identities due to an interest in mental health or due to personal or vicarious experiences with mental health issues were engaged with the mental health themes. In contrast, 70.9% (n = 22 out of 31) of all other visitors at this site who did not identify personally with the material were engaged with the mental health themes. The difference between these outcomes was statistically significant (*p* =

.04739). Likewise, 45% (n = 27 out of 60) visitors at this site who felt the exhibition was specifically relevant to their identities due to an interest in mental health or due to personal or vicarious experiences were emotionally engaged. Comparatively, 45.1% (n = 14 out of 31) of all other visitors who did not identify personally with the material were emotionally engaged. The difference between these outcomes was not statistically significant ($p \approx 1$).

Similarly, at *The Bethlem*, 95.1% (n = 59 out of 62) of those visitors who felt the exhibition was specifically relevant to their identities due to an interest or personal/professional experience with mental health issues were engaged with the mental health themes. This can be contrasted with the 77.7% (n = 21 out of 27) of visitors to *The Bethlem* in all other categories in relation to the question about identity who were meaningfully engaged. The difference between these outcomes was statistically significant ($p = .02048$). Likewise, 59.6% (n = 37 out of 62) of visitors who felt the exhibition was specifically relevant to their identities due to an interest or professional/professional experiences with mental health issues were classified as being emotionally engaged. Comparatively, 48.1% (n = 13 out of 27) of visitors in all other categories for this question about identity were engaged. The difference between these outcomes was not statistically significant ($p = .3579$).

Rates of identification at *The Mind* with the mental health material were comparatively lower. This can be seen in table 7.5 below that outlines responses to questions about identity:

Table 7.5: The Mind – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	No	74	50
	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	21	14.2
	Visitor stated it was relevant specifically due to their professional or academic life	18	12.2
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	15	10.1
	Visitor was unsure or gave a vague answer	14	9.5
	Visitor reported specific relevance due to their general interest in mental health.	4	2.7

Visitor felt it was just generally interesting or gave a generalised comment	2	1.4
Total	148	100
Missing	22	
Total	170	

Visitors at *The Mind* who identified personally with the material due to personal or professional experiences with mental health issues or due to specific interests in mental health issues tended to fall into the codes for engagement with the exhibition themes about mental health to a greater degree than those visitors at *The Mind* who did not identify with the material. For example, 72% (n = 31 out of 43) of visitors who identified with the material due to personal or professional experiences with mental health issues or due to a specific interest in the topic were classified as engaged with the themes. This can be contrasted with the 49.5% (n = 52 out of 105) of visitors to *The Bethlem* in all other categories in relation to the question about identity who were meaningfully engaged. The difference between these outcomes was statistically significant (p = .01721). Likewise, 60.4% (n = 26 out of 43) of visitors who identified with the material due to personal or professional experiences with mental health issues or due to a specific interest in the topic were classified as being emotionally engaged. Comparatively, 31.4% (n = 33 out of 105) of visitors in all other categories for this question about identity were engaged. The difference between these outcomes was statistically significant (p = .00156).

The finding that visitors who identified personally with the material due to personal or professional experiences with mental health issues or due to a specific interest in the topic were more likely to be placed into a code for positive engagement was mirrored at the level of the overall sample. Visitors in the overall sample who identified personally with the material due to an interest or experience with mental health issues tended to be more engaged than those visitors in the overall sample who did not identify with the material. For example, 86.6% (n = 143 out of 165) of visitors who felt the exhibition was specifically relevant to their identities due to an interest in mental health or due to personal or vicarious experiences with mental health issues were engaged with the mental health themes. In contrast, 58.2% (n = 95 out of 163) of all other visitors who did not identify personally with the material were engaged with the mental health themes. The difference between these outcomes was statistically significant (p = .00001). Likewise, 54.5% (n = 90 out of 165) of visitors who identified with the

material due to an interest in mental health or due to personal or vicarious experiences with mental health issues were emotionally engaged. Comparatively, 36.8% (n = 60 out of 163) of visitors who did not identify personally with the material due to an interest or experience with mental health issues were emotionally engaged. The difference between these outcomes was statistically significant (p = .001347). The following table 7.6 highlights responses by all types of visitors in the overall sample to the question of identity:

Table 7.6: Overall Sample – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	No	112	34.1
	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	72	23.2
	Visitor stated it was relevant specifically due to their professional or academic life	73	21
	Visitor was unsure or gave vague answer	22	6.7
	Visitor reported specific relevance due to their general interest in mental health	20	6.2
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	19	5.8
	Visitor felt it was just generally interesting or gave a generalised comment	10	3
	Total	328	100
Missing		30	
Total		358	

More visitors at *The Bethlem* (73.9%) and *The Wellcome* (61.1%) also highlighted that their visits had been *specifically* motivated by a general interest in mental health issues or due to personal or vicarious experiences with mental illnesses than at *The Mind* (2.4%). This can be seen in relation to the following tables (7.7 to 7.10) that outlines responses to the question 'What motivated you to visit the exhibition?' in the overall sample and at each site:

Table 7.7: Overall Sample – 'What motivated you to visit the exhibition?'

		Frequency	Valid %
Valid	Visitor was unsure or indicated that nothing motivated them	94	27
	Visitor specifically made trip to see exhibition due to personal or professional experience with mental illnesses	79	22.7

	Tourism	68	19.5
	Visitor specifically made trip to see exhibition due to a general interest in mental health	48	13.8
	Visitor was already visiting museum and thought exhibit would be interesting due to personal or professional relevance	38	10.9
	Visitor had an interest in the brain or mind	15	4.3
	Visitor was a frequent visitor to all exhibitions at this museum	6	1.7
	Total	348	100
Missing		10	
Total		358	

Table 7.8: The Bethlem – 'What motivated you to visit *The Bethlem Museum*?'

		Frequency	Valid %
Valid	Visitor specifically made trip to see exhibition due to personal or professional experience with mental illnesses	48	52.2
	Visitor specifically made trip to see exhibition due to a general interest in mental health	20	21.7
	Tourism	19	20.7
	Visitor was already visiting museum and thought exhibit would be interesting due to personal or professional relevance	4	4.3
	Visitor was a frequent visitor to all exhibitions at this museum	1	1.1
	Visitor was unsure or indicated that nothing motivated them	0	0
	Visitor had an interest in the brain or mind	0	0
	Total	92	100
Missing		3	
Total		95	

Table 7.9: The Wellcome – 'What motivated you to visit *The Bedlam* exhibition?'

		Frequency	Valid %
Valid	Visitor specifically made trip to see exhibition due to personal or professional experience with mental illnesses	29	32.2
	Visitor specifically made trip to see exhibition due to a general interest in mental health	26	28.9
	Tourism	16	17.8
	Visitor was already visiting museum and thought exhibit would be interesting due to personal or professional relevance	9	10
	Visitor was a frequent visitor to all exhibitions at this museum	5	5.6
	Visitor was unsure or indicated that nothing motivated them	4	4.4
	Visitor had an interest in the brain or mind	1	1.1
	Total	90	100
Missing		3	
Total		93	

Table 7.10: The Mind – 'What motivated you to visit *The Mind* exhibition?'

		Frequency	Valid %
Valid	Visitor was unsure or indicated that nothing motivated them	90	54.2
	Tourism	33	19.9
	Visitor was already visiting museum and thought exhibit would be interesting due to personal or professional relevance	25	15.1
	Visitor had an interest in the brain or mind	14	8.4
	Visitor specifically made trip to see exhibition due to a general interest in mental health	2	1.2
	Visitor specifically made trip to see exhibition due to personal or professional experience with mental illnesses	2	1.2
	Visitor was a frequent visitor to all exhibitions at this museum	0	0
	Total	166	100
Missing		4	
Total		170	

This impacted engagement when looking at the overall sample of 358 visitors. For instance, 85% (n = 108 out of 127) of those who were specifically motivated were engaged with the mental health themes. In contrast, 67.8% (n = 150 out of 221) of visitors who fell into all other categories of visiting motivation were engaged with the mental health themes. The difference between these outcomes was statistically significant (p = .0003). Similarly, while 51.9% (n = 66 out of 127) of visitors who were specifically motivated were emotionally engaged, 43.4% (n = 96 out of 221) of visitors in all other categories were emotionally engaged. The difference between these outcomes was not statistically significant (p = .1468).

The same relationship between motivation and higher rates of engagement was not seen at the level of the individual case study site, though this was to be expected as most visitors to *The Bethlem* or *The Wellcome* demonstrated an interest in the topic of mental health regardless of whether it was a primary motivator for them to visit the exhibition. At *The Bethlem*, 91.1% (n = 62 out of 68) of visitors who came specifically to see the exhibition due to personal or vicarious experience with mental health issues or specifically due to general interest were engaged with the mental health themes. This is compared with 91.6% (n = 22 out of 24) of visitors motivated to visit for all other reasons that were engaged with the themes. The difference between these outcomes was not statistically significant ($p \approx 1$). Likewise, 58.8% (n = 40 out of 68) of visitors who came specifically to see the exhibition due to personal or vicarious experience with mental health issues or specifically due to general interest were emotionally engaged.

This is compared with 58.3% (n = 14 out of 24) of visitors motivated by all other reasons who were emotionally engaged. The difference between these outcomes was not statistically significant ($p \approx 1$).

At *The Wellcome,* 76.3% (n = 42 out of 55) of visitors who came specifically to see the exhibition due to personal or vicarious experience with mental health issues or specifically due to general interest were engaged with the mental health themes. This is compared with 94.2% (n = 33 out of 35) of visitors who visited for all other reasons were engaged with the themes. The difference between these outcomes was statistically significant ($p = .04002$). Likewise, 41.8% (n = 23 out of 55) of visitors who came specifically due to due to personal or vicarious experience with mental health issues or specifically due to general interest were emotionally engaged. This is compared with 54.2% of visitors who visited for all other reasons (n = 19 out of 35) that were emotionally engaged. The difference between these outcomes was not statistically significant (p= .2834).

At *The Mind,* 100% (n = 4 out of 4) of visitors who came specifically to see the exhibition due to personal or vicarious experience with mental health issues or specifically due to general interest were engaged with the mental health themes. Comparatively, 58.6% (n = 95 out of 162) of visitors who visited for all other reasons were engaged with the themes. The difference between these outcomes was not statistically significant ($p = .1485$). Likewise, 75% (n = 3 out of 4) visitors who came specifically to see the exhibition due to personal or vicarious experience with mental health issues or specifically due to general interest were emotionally engaged. This is compared with 38.8% (n = 63 out of 162) of visitors who visited for all other reasons who were emotionally engaged. The difference between these outcomes was not statistically significant ($p = .3021$).

It is important to consider that engaged visitors were more likely to be motivated specifically to visit due to their experience with mental health issues and thus they may have been in a particular frame of mind more conducive to different forms of engagement than visitors in the codes associated with disengagement.

7.2.1.6 National setting

Differences in national settings between the museums may also have influenced the types of engagement (and disengagement) exhibited by visitors. Both *The Bethlem* and *The Wellcome* were located in the UK, while *The Mind* is housed in *Melbourne Museum* in Australia. Recent years have seen efforts by high-profile citizens to reduce the shame associated with publicly talking about mental disorders. The Royal Family has backed several public campaigns and charity events to this end. While it is difficult to quantify whether this had an impact on visitors' responses, certain visitors at both UK sites felt there had been efforts made in recent years by members of British society to reduce mental health stigma. The following excerpt with a visitor from *The Wellcome* gives an example of such efforts:

> *Do you think that museums are appropriate places to raise the themes, content, and messages that were brought up in this exhibition/museum?*
> [VST 11] Yes and I think it's really important too because for too long people haven't discussed mental health. I rarely get to read the paper anymore but I saw that Prince Harry and William were talking about it in the *London Eye* yesterday and I think it still seems a little bit of a taboo. I think that anything that raises the conversation, and as families come to the exhibitions and maybe talk about their experiences after, is really positive.
> *VST 11: female, 25-34 years of age, solicitor, The Wellcome*

It is possible that visitors from the UK samples come from a culture that is more comfortable discussing issues of mental health than visitors in the Australian sample. Variations in the context, national setting and demographics of visitors were not the only factors that influenced rates of disengagement and engagement at each site. Differences in exhibition design and strategy must also be considered.

7.2.1.7 Exhibition design and strategy

Variations in curatorial approaches used at each exhibition have been discussed in Chapter Five. A perceived sense of unwillingness to commit to the issue of mental health and to directly include the voices and views of the mentally ill in an unmediated manner was a central issue experienced by community participants at *The Mind*. Alternatively, a diversity of voices and the need to include patient perspectives characterised the approach taken by staff at *The Wellcome*. Likewise, curators at *The Bethlem* actively attempted to use letters, photos and video material from patients to provide insight into the lived experiences of mental illnesses. This meant that *The Wellcome* and *The Bethlem* had a greater number of personal stories included in their

exhibitions as opposed to *The Mind*. *The Wellcome* included projects like *Madlove* (refer to Chapter Four for an overview) that depicted the experiences of hundreds of visitors who had lived or live in psychiatric institutions. *The Bethlem* placed multiple television and computer screens throughout their exhibitions. Each played a video of different individuals who describe their journeys with various mental disorders. As is shown later in this chapter (and as is discussed in Chapter Eight), certain visitors at all sites valued these personal experiences. Visitors could become disinterested in the exhibition when this personal sense of connection was not established. Lower levels of engagement at *The Mind* may reflect, in part, the use of a different, but less appealing, design approach. Often the personal stories were implemented in a more modern, interactive manner at *The Bethlem* and *The Wellcome.*[22] *The Bethlem* included a video exhibit where two actors (one assuming the role of a young lady with anorexia and the other a psychiatrist) acted out a psychiatry session (refer to Chapter Four for details). The visitor is given 60 seconds to decide whether to involuntarily section the teenager, and percentages of other visitors who agreed or disagreed with this decision are shown. Several visitors saw the interactive exhibit as a highlight of their visit and believed it compellingly elicited interesting discussions about mental health and illness.[23] Another exhibit in *The Wellcome* asked visitors to take a small plastic card located at the exit of the exhibition. Pencils were provided and the card asked visitors to fill in how they could better discuss mental health issues in their own lives or that of their friends.[24]

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[22] Both *The Bethlem* and *The Wellcome* were either designed or refurbished in 2016. *The Mind* was designed in 2008 and has seen few updates since. It naturally suffers to a degree from the limitations of technology that were available at the time of its installation.

[23] A typical example of how this exhibit prompted reflection from more engaged visitors can be seen in the following excerpt, where VST 47 uses the exhibition to muse upon the nature of involuntary sectioning in contemporary society:

> *Are there any content or certain messages that the museum has raised here that you particularly agree or disagree with?*
>
> [VST 47] The message was that we still have some of the same pre-context issues with mental health that people are challenged with all the time but the part about the story with the girl, the dilemma with the girl with anorexia, about do you decide whether she needs to be detained for her own health, that definitely makes you wonder about things. I didn't push a yes or a no. I wasn't sure which one to choose.
>
> *VST 47, female, 35-44 years of age, space planner, The Bethlem*

[24] An example of a visitor who was drawn to this element of the exhibition can be seen in this following excerpt where VST 4 highlights how it helped to make his visit relatable to his own life:

> *Will you take away anything in particular from your visit?*
>
> [VST 4] Apart from a bit more of an understanding of the history and the development of it, I really like that last section here I suppose, particularly the little card there with

Hence particular objects, videos or audio material, and the curatorial strategies that were used for framing them, impacted how visitors experienced the exhibitions. This does not imply that *The Mind* was devoid of personal stories. The use of artworks in *The Mind* borrowed from the organisation B7 (discussed in Chapter Four) prompted a range of enthusiastic responses. A teenage girl who committed suicide painted an artwork of note that resonated with visitors.[25] Other visitors also enjoyed the mental health booths developed in conjunction with *SANE* where actors read out stories of individuals living with mental health issues (refer to Chapter Four for details). However, there were fewer of these personal elements in comparison to *The Bethlem* or *The Wellcome*. It must be stated that other visitors found these intimate elements upsetting. This is discussed later in this chapter. Yet, it is important to keep such differences in curatorial design factors between the museums in mind when looking at the variations in the types of experiences visitors sought out both in and between museums. This is because these factors could impact upon the visiting experience. Take the response of 23.3% of the overall sample who, when they were asked 'why they enjoyed certain elements' in the respective exhibitions, noted that it was because they had given them insight into what it would be like to be mentally ill or into the minds of others. These were the most common reasons given in respect to this question at *The Wellcome* and *The Bethlem*, although it was less common at *The Mind.* Responses at each case study site can be seen in tables 7.11 to 7.14 below and they highlight that gaining insight into the lives of people with mental illnesses was of interest to many visitors:

Table 7.11: Overall Sample – 'Why, what about them did you find interesting?'

		Frequency	Valid %
Valid	Visitor indicated it gave unique perspective or insight into minds of others	80	23.3

> the questions. It makes it relevant to you. You don't just walk out and go "That was alright". I've certainly taken a few with me to give to other people. I think its great.
> *VST 4: male, 45-54 years of age, public servant, The Wellcome*

[25] An example of an engaged visitor who was struck by this painting can be seen in the following excerpt that illustrates how the visitor was humbled upon seeing the artwork:

> *Were there any specific parts that prompted you to reflect on anything of particular interest or importance?*
> [VST 018] The pictures along the wall of the girl that committed suicide and she'd drawn the pictures, definitely. That was quite humbling. It was sad that from the pictures they didn't know that she was in such a state
> *VST 018: female, 18-24 years of age, teacher, The Mind*

	Relatable or relevant to own life, or visitor reminiscing	75	21.9
	Understanding about history or past treatments and attitudes	57	16.6
	Visitor stated that they were generally interesting (passive)	50	14.6
	Visitor stated that they were generally interesting (active)	42	12.2
	Visitor highlighted the interactive or physical objects	23	6.7
	Visitor stated it raises awareness about mental health issues	8	2.3
	Visitor offered a criticism or a critique of an aspect of the exhibition	8	2.3
	Total	343	100
Missing		15	
Total		358	

Table 7.12: The Bethlem – 'Why, what about them did you find interesting?'

		Frequency	Valid%
Valid	Visitor indicated it gave unique perspective or insight into minds of others	38	41.3
	Understanding about history or past treatments and attitudes	20	21.7
	Relatable or relevant to own life, or visitor reminiscing	17	18.5
	Visitor stated that they were generally interesting (passive)	8	8.7
	Visitor stated that they were generally interesting (active)	8	8.7
	Visitor stated it raises awareness about mental health issues	1	1.1
	Visitor offered a criticism or a critique of an aspect of the exhibition	0	0
	Visitor highlighted the interactive or physical objects	0	0
	Total	92	100
Missing		3	
Total		95	

Table 7.13: The Wellcome – 'Why, what about them did you find interesting?'

		Frequency	Valid
Valid	Relatable or relevant to own life, or visitor reminiscing	32	34.8
	Visitor indicated it gave unique perspective or insight into minds of others	26	28.3
	Understanding about history or past treatments and attitudes	12	13
	Visitor stated that they were generally interesting (passive)	7	7.6
	Visitor stated that they were generally interesting (active)	6	6.5
	Visitor stated it raises awareness about mental health issues	6	6.5
	Visitor offered a criticism or a critique of an aspect of the exhibition	2	2.2
	Visitor highlighted the interactive or physical objects	1	1.1
	Total	92	100
Missing		1	
Total		93	

Table 7.14: The Mind – 'Why, what about them did you find interesting?'

		Frequency	Valid %
Valid	Visitor stated that they were generally interesting (passive)	35	22
	Visitor stated that they were generally interesting (active)	28	17.6
	Relatable or relevant to own life, or visitor reminiscing	26	16.4
	Understanding about history or past treatments and attitudes	25	15.7
	Visitor highlighted the interactive or physical objects	22	13.8
	Visitor indicated it gave unique perspective or insight into minds of others	16	10.1
	Visitor offered a criticism or a critique of an aspect of the exhibition	6	3.8
	Visitor stated it raises awareness about mental health issues	1	0.6
	Total	159	100
Total		11	
Missing		170	

These visitors wished to learn about the hospital but also wanted to gain an understanding of what being in the hospital might have *felt* like. They wished to compare their own lives to those who had experienced vastly different circumstances. One visitor at *The Wellcome* commented that they were 'pleasantly surprised' when 'lived experiences' were shown. This was because they 'made you connect with [the lives] people with mental health difficulties on a more humane level'. The absence of these more emotionally meaningful elements did lead visitors (such as VST 67 from *The Bethlem* below) to feel a sense of distance. The lack of a human element concerned VST 51 (excerpt also shown below) from *The Bethlem* as she worried that it would allow visitors to maintain a degree of separation from the mentally ill and continue to view them as 'the other':

> *Is there anything that you think could have been relevant that has been left out of the museum/exhibition?*
>
> [VST 51] I think that personal histories would make it feel more… less other. That's always the danger with looking at mental health. You can distance yourself, even if you have mental health problems, because a lot of people, there's this one in four figure, but a lot of people who have mental health problems actually never come into contact with mental health services and there's this danger of 'othering' those who have […].
>
> *VST 51: female, 45-54 years of age, trainee psychologist, The Bethlem*

> *How did the museum/exhibition make you feel?*
>
> [VST 67] Not as affected as I thought it would do. I felt slightly disconnected from it because there's a lot of text, not that there's anything wrong with that, but I didn't think I felt I was connecting with the emotional experience of the history of what happened.
>
> *VST 67: male, 45-54 years of age, teacher, The Bethlem*

Such visitors were looking not just to learn, but also to 'feel' connected to the experiences depicted. Chapter Eight discusses further how significant numbers of engaged visitors sought strong emotional experiences and related to the material on a deeply personal level. Some visitors from *The Wellcome* felt the exhibition was disjointed or incomplete when this insight or sense of personal connection was not included or created. This can be seen in the following interview excerpt where VST 47 mentions the lack of lived experience as creating a fragmented narrative:

> [VST 47] I expected to get a more coherent sense of what the lived experience of the people in the centres was. I found it more fragmented than I expected. Although there were lots of tit-bits that were super interesting, other things didn't have so much meaning for me […].
> *VST 47: female, 35-44 years of age, social researcher*

This supports arguments in the museology and heritage literature that visitors wish to have genuine emotional experiences (Bagnall 2003; Poria, Butler and Airey 2003; Gregory and Witcomb 2007; Poria, Biran, and Reichel 2009). It also helps validate the recent turn within museum literature to understanding how emotions and affective experiences influence the way heritage is experienced (Smith and Campbell 2016; Tolia-Kelly, Waterton and Watson 2017). Tolia-Kelly, Waterton and Watson (2017:1) contend that emotions and affect shape heritage interpretation in powerful ways and are 'foundational to our relationship with the past'. Certain visitors to mental health exhibitions at museums like *The Wellcome, The Mind* and *The Bethlem* clearly value being able to feel, as well as learn, about the experiences the mentally ill have faced.

Further indications of the impact of curatorial design and strategy upon certain visitors' impressions of the exhibitions is shown in visitor responses to the question, 'Were there any parts of the exhibition you disliked or found uninteresting?'. For example, 26.8% of the overall sample, 36.6% at *The Wellcome,* 23.9% at *The Mind,* and 21.8% at *The Bethlem* highlighted design issues as negatively impacting upon the exhibition. Visitors often mentioned that un-contextualised artworks, objects and artefacts caused confusion. Lord (2006) has discussed the benefits in learning that can occur with minimally interpreted exhibitions. A lack of accompanying text can encourage visitors to employ imaginative and reasoned responses to contextualise stories and objects that might not otherwise be undertaken if information were readily available. However, they also highlight the dangers of such an approach. Lord (2006: 80) notes that:

> The problem with this approach is that it can have the opposite effect to the one intended: the lack of interpretation can leave visitors frustrated at the lack of authoritative information about the objects, or bewildered about what they are supposed to learn.

Visitors at all three of the exhibitions spent reasonable portions of time trying to make sense of certain displays. This sometimes occurred at the expense of engaging with the themes and messages that the curators were hoping these exhibits would impart. An example of mild confusion can be seen in the following interview with two young visitors at *The Mind* where confusion caused the intent of the exhibit to fall flat:

> *Were there any parts of the exhibition you disliked or found uninteresting?*
> [VST 180] We didn't really know what was going on when you lie down on that bed [referring to sleep chambers that played video representations of typical dreams, flying for example].
> [VST 181] Yeah, it's kind of weird. It felt like they were trying to simulate a dream. It didn't really make sense to me.
> *VST 181: male, 17-24 years of age, student, The Mind,*
> *VST 180: male, 17-24 years of age, student, The Mind*

Certain visitors experienced significant degrees of frustration. This occurred particularly in the first room of *The Wellcome* where artworks by individuals with mental health issues were displayed with little accompanying information. The curators felt this would portray the confusion associated with having mental health issues. Instead, it frustrated certain visitors and caused them to move to more comprehensible sections of the exhibition. In the following example, VST 27 angrily notes that the room's incoherent design almost led him to discontinue his visit:

> *Were there any parts of the exhibition you disliked or found uninteresting?*
> [VST 27] The entrance. I walked in there and it was exactly what I thought! I thought it meant nothing to me and "I'm going to understand nothing" and I could have left actually. I don't think it was a good room to draw people in.
> *VST 27: male, 55-64 years of age, teacher, The Wellcome*

A lack of accompanying text panels for artworks displayed throughout *The Bethlem* likewise resulted in VST 44 beginning to simply 'walk past some of the paintings' as he could not figure out who had painted them or what they represented:

> *Were there any parts of the exhibition you disliked or found uninteresting?*
> [VST 44] There was almost too much artwork in a sense because, without greater biographical knowledge that produced it, at times it was hard to really

> get a handle on where it came from. It was almost too much to try and do that with. I found I was starting to just walk past some of the paintings.
> *VST 44: male, 55-64 years of age, photographer, The Bethlem*

The degree to which confusion caused by inadequate information could negatively impact upon a visitor's experience is best captured in the following excerpt with another visitor VST 66 from *The Bethlem*. VST 66's sense of incomprehension permeated the entirety of her interview. This left VST 66 with feelings of anger and a strong dislike of the exhibition as a complete experience. This meant that VST 66 spent little time reflecting on the messages of the exhibition:

> *Were there any parts of the exhibition you disliked or found uninteresting?*
> [VST 66] I disliked the way it was displayed hugely!
> *In what sense?*
> [VST 66] It was badly contextualised. It was a mishmash between trying to be an educational experience for too generic an audience. I thought particularly on the one upside where you have a mixture of graphic display boards, noise, artefacts and art [that] they all fight each other hugely and it's not an interesting or a good experience to be in that space […]. The art is not contextualised at all. You don't know why you're looking at, why specific arts were selected or not, and in what context they fit in at all, or whether they are selected because they're fine pieces of artwork, or because they have an interesting narrative behind them or they are illuminating something to do with psychiatric medicine and the history or approach to that! [...].
> *VST 66: female, 55-64 years of age, artist*

7.2.2 Vulnerability and destabilisation

Design issues, contextual variations between the museums and variations in the demographics and visiting habits of visitors between the museums, and between visitors classified as being disengaged and engaged, have now been reviewed. This demonstrated a number of general characteristics associated with disengaged visitors (and with engaged visitors – discussed further in Chapter Eight) when looking at a visitor's entire interview. These were namely that disengaged visitors tended to be younger in age, were less motivated to visit the museum specifically due to an interest in mental health, worked less in occupations related to mental health and identified personally with the mental health material less frequently when compared with visitors in the engaged codes. This chapter now draws upon cross-tabulations and excerpts from interviews with disengaged visitors to explore in greater detail the different types of disengagement witnessed in this study.

Although design factors and contextual differences undoubtedly influenced visiting behaviours at each site, it is interesting and important to observe that visitors at all three sites experienced degrees of vulnerability caused by the confronting nature of the material. This led to attempts to either disengage or to prevent meaningful engagement altogether. Table 7.1 at the beginning of this chapter highlighted that 26.3% of the overall sample, when looking at their interviews as a whole, experienced difficulties, or were not interested in, discussing the exhibition elements relating to mental health. These visitors exhibited tendencies to disengage from difficult components. The disengagement that occurred happened to varying degrees and took a number of different forms.

7.2.2.3 Explicit disengagement

A small number across the museums were coded as being emotionally *Distressed* when looking at their entire interview (1.4% of the overall sample). They explicitly acknowledged the difficult nature of the exhibition, found it personally upsetting and attempted to remove themselves or, at the very least, skip certain sections. This can be seen in the following transcript with a visitor from *The Mind* who highlights that they would have skipped the exhibition if they knew it discussed mental illnesses:

> *What part or parts of the exhibition did you enjoy most or find most interesting?*
> [VST 74] It's actually quite a disturbing section. I found it quite… disturbing [laughs]
> [VST 75] Yeah, I could have missed it all and kept on going if I'd known [that mental illnesses were discussed in the exhibition].
> [VST 74] I don't know why. It just doesn't feel comfortable.
> *In a bad way?*
> [VST 74] No, no.
> [VST 75] In a way, you don't want to know.
> [VST 74] Yeah, I don't want to know what they used to… you know, some of the treatments that people used to… [use].
> [VST 75] Yeah.
> [VST 74] That kind of stuff, you've heard about it, but it's a bit full on.

When asked what they would take away, these visitors provided a basic response or simply highlighted that they would move on to another exhibition, with VST 75 stating that they, in fact, had 'no interest' in taking anything away:

> *Will you take away anything in particular from your visit?*

> [VST 75] For me, I'll be moving on to other exhibitions. I have no interest, [I will be] moving on.
> [VST 74] Yeah… I think it was interesting.
> *VST 74: Male, 35-44 years of age, carpenter,*
> *VST 75: Female, 45-54 years of age, insurance*

These visitors had strong emotional reactions to the material. They explicitly identified the confronting nature of the material and managed to acknowledge their discomfort. In this sense, they demonstrated significant levels of emotional awareness. Yet, the deeply emotional nature of their responses impeded their ability to reflect further as they experienced the uncomfortable proximity discussed in Chapter Two (see Hoffman 2000: 197-200; Eisenberg *et al.* 1992, Eisenberg *et al.* 1994 and Battaly 2011). Such over arousal, where someone fails to maintain a separation between their sense of self and the other that they are viewing (for example, a person's story about living with bipolar) can create intense desires to disengage (Hoffman 2000:197-200). This is unsurprising given that reflection upon mental health asks visitors to imagine the difficulties that the mentally ill face and to empathise with their circumstances. This can ignite visceral fears about being unhealthy and prompt people into uncomfortable reflection about what it might be like to be deemed tainted by society, as those with mental illnesses often are (Hinshaw 2007: 81-83, 95-97, 123-124).

The desire of VST 74 and VST 75 above to avoid reflection forms part of a typical, stigmatised response to mental illnesses as outlined in Chapter Two and Three. Bos *et al.* (2013) argue that public stigma is made up of the cognitive, affective and behavioural responses of those who stigmatise. Under a socio-cognitive model, affective (nervousness) and cognitive (discomfort) responses to stimuli lead to subsequent behavioural outcomes (a decision to avoid a person or situation) (Corrigan *et al.* 2003). In the case of VST 74 and VST 75, this behavioural response of avoiding reflection regarding the difficulties that face the mentally ill can be categorised as a stigmatised response. It does not equate to an active denigration or vilification of the mentally ill. However, it does lead to stigmatised outcomes, such as avoidance, for sufferers of mental health issues.

A different type of this explicit disengagement that was witnessed in this study can be seen in the excerpt of a visitor from *The Wellcome* whose visit raised difficult personal thoughts and emotions:

How did the museum/exhibition make you feel?
[VST 23] Disturbed.
Is it a good or a bad thing it raised those emotions?
[VST 23] In a good way. I know enough about the history of Bedlam the hospital to know we treated the insane appallingly in the past… um… and, to be personal about it, I came out quite quickly because I'm dealing with a friend in the early stages of dementia and I thought, "Do you know this might have not been the best day to come here!". But that's nothing to do with the exhibition. That's more about me.
VST 23, Female, 55-64 years of age, author

VST 23 was reminded of unpleasant experiences currently occurring in her life. Mental health was recognised as an important issue and the confronting nature of the material was identified. However, the strong emotions aroused interfered with her ability to continue engaging with the exhibition. She experienced a form of empathetic over-arousal due to her fear of re-burdening herself with painful memories. Difficult exhibitions can evoke what Bonnell and Simon (2007: 67) describe as a heightened anxiety 'that accompanies feelings of identification with the victims of violence'. This can lead to a 'potential re-traumatization of those who have experienced past violence themselves' (Bonnell and Simon 2007: 67).

There are differences between VST 23's decision to cut her visit short and those at *The Mind* who commented they would have avoided the exhibition if they knew it discussed mental health. The physical and intellectual avoidance exhibited by those visitors at *The Mind* who explicitly disengaged from the exhibition formed part of an understandable but stigmatised cognitive and behavioural response to mental illness (Corrigan *et al.* 2003; Bos *et al.* 2013). VST 23 did not wish to avoid the issue of mental health. Her personal experiences with mental illnesses actually formed part of her motivation for visiting. Instead, she attempted to explore the topic but found that her friend's struggle with dementia triggered emotions that she was incapable of handling at that point in time.

7.2.2.4 Basic, clichéd or unelaborated

Confronted visitors, or those who did not possess the emotional and cognitive skills to think through the difficult material, more typically did not attempt to explicitly disengage. Often they did not identify their feelings of distress or had difficulty processing them. For instance, 96.2% of these visitors in the overall sample fell into the

codes associated with being emotionally confronted, disinterested or unengaged when looking at their entire interview (that is, *Neutral or Information-Based, Basic Emotional Statements*, *Distressed* or *Frustrated).* They made uncritical or banal statements that were not elaborated upon (for example, 'it was sad' or 'it was interesting'). Such responses, taken in the context of the entire interview, indicated they had thought little about what the exhibition was trying to portray, namely the difficult realities of living with a mental health issue, or that they were uncomfortable, unable or uninterested in discussing these issues in depth. As demonstrated in the following table 7.15, these visitors made up 17.2% of *The Wellcome* sample, 31.8% at *The Mind*, 9.5% at *The Bethlem*, and 22.1% of the overall sample.

Table 7.15: Visitors coded into the category of Basic, Clichéd or Unelaborated engagement

Museum	**Frequency**	**Valid Percent**	**Total**
The Bethlem	9	9.5	95
The Wellcome	16	17.2	93
The Mind[26]	54	31.8	170
Overall Sample	79	22.1	358

They often struggled to clearly articulate what they would take away from the exhibition and could not identify how it made them feel. When asked 'Will you take anything away in particular from your visit?', 73% stated they were either unsure, that the exhibition was just generally interesting, or that they wouldn't take anything away. An example of the simplistic and unelaborated responses of these visitors to this question, for example, can be seen in the following excerpts with two separate groups of visitors, where VST 138 and VST 139, and VST 52 seem disinterested and appear to find the notion of taking something away from the exhibition to be humorous:

> *Will you take anything away in particular from your visit?*
> [VST 52] Probably take something away but… it's a museum [laughs]
> *VST 52, male, 18-24 years of age, student, The Mind*

> *Will you take anything away in particular from your visit?*

[26] This does not include those visitors at *The Mind* who fit into the *Uninterested, Unaware, Unrelated* code for engagement with the mental health themes

[VST 138] I think I'll just think about it a bit more, [laughs], that's pretty much about it!
[VST 139] Yeah [both laugh].
VST 138, female, 18-24 years of age, student, The Mind
VST 139, male, 18-24 years of age, student, The Mind

Only a small percentage (49.3%) of these visitors were frequent museumgoers when compared with visitors in the other categories for engagement (*Assessing Social Consequences* 70%, *Deep Personal* 83.3% and *Heritage Pilgrim* 83.3%). Many unengaged visitors also had difficulty referring to the content as being anything more than 'interesting'. This was particularly true when asked to discuss the emotionally confronting elements. A typical example of these visitors can be seen in the following excerpt where basic statements were made about mental health that were rarely elaborated upon:

How did the museum/exhibition make you feel?
[VST 148] After the sound thing [referring to an interactive sound game where the visitor attempts to remember different noises] pretty stupid. She [his partner] was pretty good. I'm still looking for something to better her on!
[VST 149] It was good and it was something refreshing. It was good for the memory in terms of what was going on and refreshing what you know.
[VST 148] Refreshing, yeah**.**
What meaning or importance does a museum/exhibition like this have for contemporary society's understandings of the human mind?
[VST 148] It's important in every way.
[VST 149] Mmmm.
[VST 148] In every way, everyone should check this stuff out all the time.
Could you elaborate on why?
[VST 148] Education, information is power. If you don't know things I guess you don't learn anything.
Is there anything you've seen, heard, read today that has altered your views on certain issues or topics?
[VST 148] Yes, she has better hearing than me [laughs].
[VST 149] They already told you that!
[VST 148] Yeah, thanks babe [laughs].
Will you take away anything in particular from your visit?
[VST 148] No. Not in general. Like I said, most of the stuff I already knew. I was more interested in the old ways they do things, that was eye-opening.
What about the old stuff was interesting?
[VST 148] It was just shocking to see how the brain has been explored over the decades. That's all I could really answer.
VST 148: Male, 35-44 years of age, real-estate agent,
VST 149: Female, 25-34 years of age, nurse

VST 148 begins by offering a joke when asked how he felt. Psychologists have highlighted the use of humour as a coping mechanism and as a strategy for deflection

(Lanci and Spreng 2008: 275). Nervous laughter was often present in interviews at each of the sites when visitors found the subject matter awkward, unsettling, or when they were asked to discuss the relevance of the material to their lives. VST 148 then offers the answer that the exhibition is 'important in every way' when asked about its potential meaning or importance. He reverts to the use of a platitude when pressed to elaborate, noting that 'education, information is power'. This vague response does little to answer the question in detail and is similar in nature to the types of banal and indifferent responses that confronted visitors offered as a way of distancing themselves in previous studies by Smith (2010, 2011, 2017b). The work of Smith (2010, 2011, 2017b) has demonstrated that visitors at a range of sites have relied upon platitudes when confronted. These are self-sustaining arguments that appear complex or wholesome on the surface, but that are in fact lacking in depth or clarity. They prevent consequential reflection on difficult topics as they remove the need for substantial thought.

VST 72 again attempts to avoid any serious contemplation by making a joke about one of the hearing activities when next asked if he saw anything that altered his views on certain issues. He notes that 'Yes, she has better hearing than me [laughs]'. It is only when asked the question 'Will you take away anything in particular from your visit'? that he demonstrates any significant degree of engagement, with VST 72 noting in relation to the old instruments that 'It was just shocking to see how the brain has been explored over the decades. That's all I could really answer'. VST 72 precedes this statement with a platitude, stating that he wouldn't take away anything from the exhibition as 'Like I said, most of the stuff I already knew'.

Several visitors in the overall sample repeated the notion that they were already aware of issues pertaining to mental health and illness (24.1%). Highlighting this did not constitute the use of platitude in and of itself. Certain visitors worked in fields related to health care and were knowledgeable about the topic. Yet, some declared not only that they were aware, but also that they knew *enough* and that there was little for them to take away as a result. This can be seen in the excerpts below taken from three separate interviews where each highlights that they are already well informed about mental health issues:

What part or parts of the exhibition did you enjoy most or find most interesting?

> [VST 28] […]. The dream sequences were interesting. I glanced through the stuff about different treatments of medical illness throughout the ages but, again, I think I know a little bit about that anyway, so it's okay.
> *VST 28: female, 55-64 years of age, The Mind*

> *Were there any parts of the exhibition you disliked or found uninteresting?*
> [VST 60] Maybe where it shows the different parts of the brain because I've already learned that in school, so I didn't have to pay attention to it.
> *VST 60: female, 17-24 years of age, student, The Mind*

> *Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?*
> [VST 199] A lot of it was a bunch of stuff that I had read before. It's quite… for me, it's basic psychology.
> *VST 199: male, 25-34 years of age, peace activist, The Mind,*

They dismiss the idea that their views could be altered or that the exhibition has anything to offer in terms of broadening their experience or knowledge about mental health. VST 60 highlights that she is exempt from critical reflection due to her previous study on the topic. Much of their emotional energy and skill is spent maintaining distance from the material and, like those who simply chose to disengage, little emotional room is left for ruminating on the realities that face the mentally ill.

The notion of educating others is another reoccurring theme that arose.[27] Although highlighting the educational value of the exhibition for others does not represent an inherent desire to avoid answering the question, many of these educational claims were combined with the notion that there was little left for them to learn on the topic. This can be seen in the following excerpt from an interview with a visitor from *The Mind:*

> *What meaning or importance does a museum/exhibition like this have for contemporary society's understandings of the human mind?*
> [VST 25] It's good to educate people. We did a subject and we understand but people just come in and be mind blown about stuff that we learn.
> *VST 25: female, 17-24 years of age, student, The Mind*

[27] Interestingly, Smith's (2017a) study of visitors at various immigration museums in Australia and the US also found that visitors tended to identify that learning was an important aspect of the museum visit for *others.* Smith (2017a: 73) writes:

> Learning was something that could occur during visits, but contra to museological expectations, was not something that most visitors did. Indeed, most visitors at immigration museums tended to identify the educational value of the museum as being significant to children and/or communities or groups other than the one to which the visitor belonged.

This visitor managed to maintain a degree of emotional separation from the material by shifting the emphasis of the exhibition onto others. They declared that they did not need to learn or reflect upon the historical and contemporary issues surrounding mental health. Instead, the exhibition would provide other less informed individuals with the chance to explore this important, but, for themselves, already known topic. The use of these arguments to distance a person from the material was used most commonly by visitors in the codes for disengagement (91%, compared with 8% of visitors in the *Assessing Social Consequence* code who used these arguments in a platitudinal manner).

Interestingly, a significant number of all types of visitors across the case study sites maintained that the benefit of the exhibitions would be in helping to educate the public. When asked the question 'What meaning or importance does a museum/exhibition like this have for contemporary societies understanding of the human mind?' 66.8% of the overall sample highlighted that it would raise awareness about mental health issues. Responses to this question can be seen in the below tables (7.16 to 7.19). They demonstrate that, although not necessarily a way for sidestepping reflection, raising awareness for *others* was seen as the importance of the exhibitions by a large number of the overall sample:

Table 7.16: Overall Sample – 'What meaning or importance does a museum/exhibition like this have for contemporary society's understandings of the human mind?'

		Frequency	Valid %
Valid	Visitor stated it would raise peoples' awareness or educate about mental health and mind	217	66.8
	Visitor highlighted a criticism or stated that is had no importance	38	11.7
	Visitor was unsure or provided a vague statement	20	6.1
	Visitor made a comment about education or self-reflection (non-mental health)	19	5.8
	Visitor stated it was just generally interesting or made a basic comment	15	4.6
	Visitor stated the historical background of exhibition contextualises mental health	12	3.7
	Visitor felt getting public access to asylum grounds would help to empower the mentally ill	4	1.2
	Total	325	100
Missing		33	

Total	358	

Table 7.17: The Bethlem – 'What meaning or importance does a museum like this have for contemporary society's understandings of the human mind?'

		Frequency	Valid %
Valid	Visitor stated it would raise peoples' awareness or educate about mental health and mind	61	71.7
	Visitor highlighted a criticism or stated that is had no importance	15	17.6
	Visitor felt getting public access to asylum grounds would help to empower the mentally ill	4	4.7
	Visitor stated it was just generally interesting or made a basic comment	3	3.6
	Visitor was unsure or provided a vague statement	1	1.2
	Visitor stated the historical background of exhibition contextualises mental health	1	1.2
	Visitor made a comment about education or self-reflection (non-mental health)	0	0
	Total	85	100
Missing		10	
Total		95	

Table 7.18: The Wellcome – 'What meaning or importance does an exhibition like this have for contemporary society's understandings of the human mind?'

		Frequency	Valid %
Valid	Visitor stated it would raise peoples' awareness or educate about mental health and mind	65	70.6
	Visitor highlighted a criticism or stated that is had no importance	16	17.4
	Visitor stated the historical background of exhibition contextualises mental health	6	6.5
	Visitor was unsure or provided a vague statement	3	3.3
	Visitor stated it was just generally interesting or made a basic comment	2	2.2
	Visitor made a comment about education or self-reflection (non-mental health)	0	0
	Visitor felt getting public access to asylum grounds would help to empower the mentally ill	0	0
	Total	92	100
Missing		1	
Total		93	

Table 7.19: The Mind – 'What meaning or importance does an exhibition like this have for contemporary society's understandings of the human mind?'

		Frequency	Valid %
Valid	Visitor stated it would raise peoples' awareness or educate about mental health and mind	91	61.4
	Visitor made a comment about education or self-reflection (non-mental health)	19	12.8
	Visitor was unsure or provided a vague statement	16	10.8
	Visitor stated it was just generally interesting or made a basic comment	10	6.8
	Visitor highlighted a criticism or stated that is had no importance	7	4.7
	Visitor stated the historical background of exhibition contextualises mental health	5	3.4
	Visitor felt getting public access to asylum grounds would help to empower the mentally ill	0	0
	Total	148	100
Missing		22	
Total		170	

Clearly, many visitors in this study continue to maintain traditional views of museums as places of learning. This is unsurprising given the history of museums as educational institutions and the focus within museological literature on the role that museums play in broadening the knowledge and understanding of visitors (see Moore 1997: 19; Falk and Dierking 2000, 2008; Falk 2004). Interestingly, few visitors in this study across the sites felt their views had been altered by the exhibitions. Only 8.7% of the overall sample explicitly indicated that their views had been changed. This is a point taken up further in Chapter Eight. Regardless, it is an interesting observation that visitors' statements in the overall sample regarding the educational purpose of museums seemed, in this way, to be at odds with the manner in which many sought to utilise their visits to these exhibitions. This, along with findings in this chapter about the tendency of some visitors to distance, raises an interesting question about the goal of such socially oriented mental health exhibitions. Should their purpose be conceptualised in terms of their ability to prompt visitors into questioning attitudes towards normality? Such questions are discussed further in the following chapter.

7.3 Discussion

Comparisons can be drawn between disengaged visitors in this study with visitors in Smith's (2010, 2011) study of exhibitions in England about slavery and with her (2017b) recent work at the *Old Melbourne Gaol* in Australia discussed in Chapter Two.

She (2010) found that White-British visitors at slavery exhibitions employed platitudes to distance themselves from the material when they felt a sense of guilt, discomfort or culpability. They chose to highlight that other nations, not just the British, were involved in the slave trade, or that this history was too far in the past to have importance in the present (Smith 2010). Thus, a sense of implication in British society's prior decision to participate in slavery, and in some cases a commitment to racist modes of thought, influenced levels of discomfort witnessed by Smith (2010, 2011). Visitors in her study conducted at *Old Melbourne Gaol* in Australia exhibited a tendency to provide banal and indifferent responses (2017b). These helped to create distance between their own identities and those who could be identified as being part of the Australian criminal class. This distancing occurred when visitors were confronted with complex questions of identity regarding Australia's convict past (Smith 2017b).

This use of platitudinal and indifferent statements exhibited in Smith's (2010, 2011, 2017b) studies closed down the need for consideration of issues around race, incarceration and their relation to social justice, just as banal statements at *The Mind*, and to a lesser degree *The Wellcome*, closed down critical thought on issues of mental health and the treatment of the mentally ill. The discomfort that led visitors at *The Mind and The Wellcome* to disengage stemmed from a different source. These visitors appeared to be gripped by a visceral fear of being unhealthy and the loss of control of rationality that being mentally ill implies. It is possible then, that a significant number of disengaged visitors struggled to process the difficult emotional and intellectual realities raised by the material. Bonnell and Simon (2007), Witcomb (2013) and Smith and Campbell (2016) argue that visitors must have a certain degree of imagination and emotional intelligence to effectively participate in processes of emotional reflection. This form of intelligence is central to the critical evaluation of material when effectively undertaken, a point taken up further in Chapter Eight. Witcomb (2013) posits that visits to difficult museums require a degree of intellectual and emotional labour that can be exhausting. She argues that essential to this process is the requirement that visitors do not close off engagement. They must instead:

> …engage imaginatively in the space between themselves and the object or the spatial and aesthetic structure of the displays. To do this, visitors require a sense of curiosity, a willingness to engage with a certain opaqueness or to accept that meaning is not reduced to information or instantly available. These exhibitions require emotional and intellectual labor on the part of the visitor

> through an in-depth engagement with the design of the display, the content, and the physical qualities of the objects/ installations (Witcomb 2013: 267).

Museums that confront or explore difficult histories may be too demanding on the attentiveness and capabilities of visitors if they raise negative emotions (Bonnell and Simon 2007). Bonnell and Simon (2007) argue that this is true of exhibitions that prompt visitors to feel empathy for others who have previously experienced abuse or immense suffering (as many people with mental illnesses have and do). Feelings of anger, shame, grief or guilt can accompany such unpleasant experiences of abuse or suffering. Musing upon them can lead to a 'sapping of energy, a departure from positive pursuits, and a negation of life rather than an affirmation of it' (Bonnell and Simon 2007: 67).

Efforts by visitors at the sites in this study to side-step meaningful engagement with the emotionally unpleasant and potentially destabilising mental health content make sense when placed in this context. Mental health is, as Hinshaw (2007: 81-83, 95-97, 123-124) has argued, a topic that generates a sense of vulnerability in individuals due to its random and chaotic nature. Anyone can develop a mental health issue. It is thus viewed by many as a reminder of the lack of control we have over many facets of our life, particularly our long-term health. It is understandable that visitors used indifference to avoid reflecting on destabilising aspects of mental illnesses and to bypass the need to feel empathy for the mentally ill. As noted in the literature review, Smith (2017b: 764) previously found in her study of visitors to *Old Melbourne Gaol* that indifference was used to maintain certain values and beliefs and to avoid dealing with difficult realities:

> Indifference is an emotional state, sometimes involving an active choice of refusing to exercise empathy and compassion, and sometimes denoting blithe but socially meaningful lack of awareness. It influences the legitimacy given [by visitors] to particular values deployed by individuals and collectives to make individual and collective judgements about the meaning of the past for the present.

Findings in this research, when coupled with Smith's (2010, 2011, 2017b), suggest that visitor distancing when confronted may be a more common occurrence than currently understood by the literature. Clearly, it must be acknowledged (see above and Chapter Six) that a number of differences in the contextual background, the visiting demographics at each site, as well as variations in strategies for presenting the material

and access to more modern technologies impacted visitors' preferences for engagement. Certain visitors at *The Mind* who provided basic and unelaborated responses may simply have been more concerned with their social setting. They may also not have felt the same degree of connection that visitors at *The Wellcome* or *The Bethlem* experienced due to the lower rates of personal experiences with mental issues recorded at *The Mind.* Regardless, these results provide some insight into the reasons why certain visitors at both general museums and more mental health-oriented institutions employ different linguistic and emotional strategies to maintain degrees of separation.

They also raise interesting questions surrounding mental health stigma research that posits that understandings about mental health can be increased and prejudice diminished through exposure to the topic (Corrigan and Watson 2002; Simmons, Jones and Bradley 2017; World Health Organization 2018). *Suicide Prevention Australia* (2013) claims there is an explicit link between lack of knowledge about mental health and increased levels of prejudicial views about the mentally ill. They (2013: 2) have noted that 'One of the causes of stigma is a simple lack of knowledge – that is, ignorance'. Corbiere *et al.* (2012) have argued that stigma towards the mentally ill is characterised by a lack of knowledge about mental health and that common strategies for reducing prejudice involve education about and exposure to the mentally ill. Education seeks to 'inform the general public and health professionals by replacing inaccurate stereotypes' with 'accurate conceptions about the mentally ill' (Corbiere *et al.* 2012: 2). Exposure is believed to reduce the distance between 'self' and 'other' through direct face-to-face contact (Corrigan and Watson 2002: 17). This allows abstract conversations about the mentally ill to be replaced with concrete, reasoned discussions about similarity and difference (Corbiere *et al.* 2012). Studies by Gronholm *et al.* (2017) have also concluded that there is evidence to suggest that some mass-media campaigns aimed at reducing mental health stigma have had mild to moderate success. A lack of awareness about the difficulties that face the mentally ill or prejudiced depictions of the mentally ill is, therefore, contributing to levels of social stigma to some degree.

It is likely true that education and awareness can foster a decrease in biased understandings of the mentally ill under certain circumstances. On the other hand, results from this study highlight the difficulty of attempting to increase peoples' knowledge and awareness about a topic that society finds deeply unsettling. Certain

visitors will simply implement strategies to avoid reflecting in a genuine manner with depictions of mental health within a museum context. This is a serious issue if the development of empathy is central to generating genuine understandings of difference and reducing the distance between self and other (see Keightley and Pickering 2012: 106; Schorch 2014a for more). Such findings suggest that important social debates, in this case those relating to mental health care and treatment, 'will struggle to find traction' amongst certain museum visitors (Smith 2017b: 782).

Exposure on its own may not be enough to create this traction within a museum context. Visitors may also have to be encouraged to engage meaningfully with difficult content. This might only happen if engagement occurs in a manner that does not result in explicit or subtle efforts to remove the emphasis of the messages and themes about mental health from themselves. In this sense, the observation that visitors disengage when confronted appears at first to be banal. Yet, it is still worth acknowledging that it is challenging to develop strategies to help visitors to manage and think through difficult responses to mental health issues without acknowledging that visitor disengagement can be a significant part of the visiting process (Bonnell and Simon 2007).

7.4 Conclusion

The implication from *The Mind* and *The Wellcome* samples is that several visitors were unable to adequately think through the confronting realities raised. Visitors were either uninterested in reflecting on the themes relating to mental health or, conversely, invested energy in distancing themselves personally from the messages and material when confronted. This denied them the chance to engage in processes of empathetic refection that aided other visitors who were coded as being more engaged with the emotions and themes relating to the mental health material (as is discussed in the next chapter) in better understanding the history of mental health treatment and the lives of those who suffer from mental disorders. Thus, while *The Mind* and *The Wellcome* are bold in their willingness to tackle a difficult and stigmatized issue within society, their quest to challenge assumptions about normality and health is partially stifled by an emotional and cognitive unwillingness, and inability, to participate on the behalf of some of its visitors. This tendency to disengage and distance poses problems to any exhibition dealing with difficult material if, as scholars like Byrne (2013) contend, empathy plays a central role in conveying challenging messages and meanings. It is

particularly an issue for exhibitions that discuss mental health if, as Corrigan (2000) contends, a lack of empathy is a central reason for the presence and prevalence of stigmatised attitudes towards mental illnesses within contemporary society.

These findings highlight the importance of understanding the role that memories and emotions play in mediating visitor interpretation of mental health heritage material. They suggest that emotions influence the way we interpret and behave. As noted by Watson (2015: 284), 'they have effect – they move us to action'. One of the challenges ahead for scholars and museum practitioners rests in determining how to facilitate meaningful emotional engagement amongst visitors who are confronted during their visits to sites that challenge established historical narratives and senses of self and the other. More research is needed to understand why visitors attend these spaces and to determine what they hope to take away. The following chapter interrogates these issues by analyzing the different forms of engagement that were undertaken by visitors to *The Mind,* and *The Wellcome,* as well as at *The Bethlem.*

Chapter Eight

Engagement amongst museum visitors

8.1 Introduction

This chapter discusses the interview responses of visitors who were coded as being engaged (that is, visitors who were coded in relation to their overall interviews as *Heritage Pilgrims, Deep Personal* and *Assessing Social Consequences*) and explores the various types of engagement that these visitors undertook at each site. The chapter layout is similar to Chapter Seven. It begins by presenting cross-tabulations between key individual interview questions and these overarching codes. These cross-tabulations and tests of significance were shown in detail at the beginning of Chapter Seven and brief references are made back to these. This provides a recap of some of the general characteristics that appeared to be associated more frequently with visitors who were coded as being engaged. The chapter then moves to look in more detail at each of the three types of engaged visitors. This helps to highlight several interesting similarities and differences, in the way that these visitors interacted with the material in the exhibitions.

Engagement in this study, when looking at an entire interview, was generally defined as any visitor who attempted to discuss, critique and elaborate upon the themes regarding mental health issues. This chapter argues that many visitors did not experience significant alterations in their pre-held beliefs; a finding that is in line with previous research at other difficult exhibitions (Doering and Pekarik 1996; Smith 2010, 2017a, 2017b; Pekarik and Schreiber 2012). Most utilised their visits to strengthen their commitments to certain belief structures. For some, this involved reconfirming views about how the mentally ill should be viewed and how the treatment of mental health should be approached. For others, the exhibition operated as a means of connecting with a perceived sense of community based on shared experience of severe mental disorders. Often this process involved deeply emotional experiences where visitors drew upon their own memories to imbue the exhibition content with personally relevant meaning. As such, this chapter argues that memory, emotion and the ability to navigate these played a role in helping certain engaged visitors to critically reflect upon the mental health material.

It also argues that the benefits of purposeful mental health museums should not necessarily be understood strictly in terms of their ability to reduce prejudicial views about mental illnesses. Instead, these exhibitions operated also as multi-faceted arenas in which visitors could commit to belief structures, learn about areas they were already interested in and foster a sense of community that validated experiences of dealing with severe mental disorders. This finding is important given that mental health stigma research highlights that the isolation and exclusion caused by labelling and avoidance cause significant levels of distress for the mentally ill (Corrigan *et al.* 2003; Hinshaw 2007; Shrivastava, Johnston and Bureau 2012). As such, museums and exhibitions that foster a sense of community amongst those with mental illness may help to combat some of the symptoms of stigma.

8.2 Findings

Criteria for determining the types of experiences that engaged visitors sought out are discussed in length throughout this chapter. However, it is helpful to first review important characteristics that appeared to be associated with visitors in the overarching codes for positive engagement. To do so, this section reviews a number of cross-tabulations between individual questions and visitors who were coded as being engaged with the mental health themes and emotions when looking at their entire interviews. This highlights that engaged visitors tended to identify personally with the material, visited museums frequently (twice a year or more), were motivated to come to the exhibition due to a specific interest or experience with mental health issues and worked in fields related to mental health when compared with visitors in the disengaged codes. These patterns have been outlined in detail at the beginning of Chapters Six and Seven. As such, they are only briefly reviewed in the initial section of this chapter.

Table 7.1 in Chapter Seven demonstrated that 73.7% in the overall sample were engaged in actively reflecting on the exhibition themes around mental health in some way (these were visitors who fit into the codes of *Heritage Pilgrims*, *Deep Personal* and *Assessing Social Consequences*). Chapter Seven also highlighted that variations in strategic approaches to the representation of material may have influenced the number of engaged visitors recorded at each site. It has been previously discussed that certain visitors responded well to the personal stories, particularly the interactive and engaging

manner in which exhibits were presented in *The Bethlem* and *The Wellcome.* Chapters Six and Seven also showed that there were contextual differences between the museums and that these may have resulted in important aspects of the visitor demographics differing between the museums. These differences, although not necessarily statistically significant, may have influenced preferences for certain types of visiting experiences between visitors classified as disengaged and engaged. Chapter Six demonstrated that *The Bethlem* and *The Wellcome* are specialist museums and that they have reputations for discussing mental health issues. *The Mind,* on the other hand, does not. Visitors to *The Bethlem* and *Wellcome* were, as shown in Chapter Seven in tables 7.7 to 7.10, more frequently motivated to visit the museum due to their identification with mental health issues than those in *The Mind* sample. They also exhibited higher rates of overall self-identification with the material, as shown in tables 7.3 to 7.6. Cross-tabulations undertaken in Chapter Seven demonstrated a pattern between personal identification with the material due to interest or personal/professional experiences with mental health issues and being placed in one of the engaged codes regarding the evaluation of the mental health themes (that is, visitors who were coded as being *Heritage Pilgrim, Deep Personal* and *Assessing Social Consequences*), as well as in in relation to visitors being associated with the codes for positive emotional engagement.[28] This was also found in relation to those visitors who were motivated to come to the exhibitions due to a specific interest or identification with mental health issues.[29]

The Bethlem and *The Wellcome* samples were also significantly older in age (table 6.8) and worked in occupations related to mental health care or treatment (table 6.3 and tables 6.5 to 6.7). Again, cross-tabulations in Chapter Seven indicated a pattern between lower age and higher rates of being in the codes associated with disengagement, as well as a relationship between higher age (35 years or older) and higher levels of being in the engaged codes with the mental health themes and the emotions generated at the

[28] Frequency data shown in Chapter Seven indicated that their was a pattern when looking at the overall sample to show that those who identified with the material due to an interest or due to their experiences with mental health issues responded differently than those who did not identify personally with the material (refer to pages 145-149).
[29] Frequency data shown in Chapter Seven indicated that their was a pattern when looking at the overall sample to show that those who were specifically motivated to visit due to their experiences with, or interest in, mental health issues responded differently than those who fell into all other categories for visiting motivation (refer to pages 149-152).

exhibitions.[30] Likewise, a link between working in occupations related to mental health and being in the codes associated with positive emotional engagement (that is, the codes of *Engaged Positive Mild to Strong Emotion*, or *Empathetic Visitors*) and engagement with the themes about mental health was observed. As noted in Chapter Six, these patterns may also suggest that engaged visitors were more secure in their social settings due to their older age, more used to the difficult or upsetting aspects associated with mental health issues and more comfortable in discussing their museum experiences about these issues in a public setting with a stranger (that is, an interviewer).

With these factors in mind, interesting parallels can still be drawn between engaged visitors and what they were seeking to do with their engagement across the sites. This chapter has briefly reviewed a number of interesting patterns that arose from cross-tabulations between engagement and a number of questions about age, identity, motivation and occupation that were initially presented in Chapter Seven. In doing so, some of the general characteristics that appeared to be associated with an average, engaged visitor in this study have been identified. The chapter now uses further cross-tabulations between each specific overarching code for engagement and a number of individual questions from the interview schedule, as well as excerpts form interviews with each type of engaged visitor, to further explore the similarities and differences between each of these engaged visitor types. It begins by looking at visitors in the *Heritage Pilgrims* code.

8.2.1 Heritage Pilgrims

Of the overall sample, 3.4% were coded when looking at their entire interview as being engaged in a form of *Heritage Pilgrimage*. Table 8.1 shows how these visitors were spread across the sites:[31]

Table 8.1: Heritage Pilgrims

[30] Frequency data shown in Chapter Seven indicated that their was a pattern when looking at the overall sample to show that those visitors who were 35 years or older responded differently than those who were 34 years or younger (refer to pages 140-142).

[31] The higher number of *Heritage Pilgrims* at *The Bethlem* and *The Wellcome* is potentially explained by the higher rates of identification with mental health material on a personal level and the purposeful nature of visits at these sites when compared with *The Mind* sample.

Museum	Frequency	Valid Percent	Total
The Bethlem	5	5.3	95
The Wellcome	5	5.4	93
The Mind	2	1.2	170
Overall sample	12	3.4	358

Gouthro's and Palmer's (2011) notion of heritage pilgrimage asserts that a key interest for visitors at certain heritage sites is the transmission and reaffirmation of identities, values and ideas. They found that former miners visited mining museums primarily to re-establish and strengthen their connection to their identity as coal miners, to transfer a sense of their history to family members who visited with them and to bolster views associated with their identities (see also Dicks 2000; Smith 2006 for more on the link between community, identity and engagement with heritage sites).

Heritage Pilgrims in this study were motivated to see stigma reduced and spent significant parts of their interviews assessing whether the exhibition had approached mental health issues in a manner they deemed appropriate. They were typically frequent museumgoers (83.3% visited two or more times a year), had significant personal histories of mental illness and identified as mental health advocates. Table 8.2 shows that, when asked the question 'Are there any aspects of your identity that made your visit particularly meaningful or interesting?', 91.6% of the overall sample who were classified as *Heritage Pilgrims* commented that it was relevant to their identities due to personal or professional experiences with mental illnesses, while tables 8.3 to 8.5 outline responses to this question at each individual site:

Table 8.2: Overall Sample (Heritage Pilgrim visitors) – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	10	83.3

	Visitor stated it was relevant specifically due to their professional or academic life	1	8.3
	No[32]	1	8.3
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	0	0
	Visitor reported specific relevance due to their general interest in mental health	0	0
	Visitor was unsure or gave a vague answer	0	0
	Visitor felt it was just generally interesting or gave a generalised comment	0	0
	Total	12	100

Table 8.3: The Bethlem (Heritage Pilgrim visitors) – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	4	80
	Visitor stated it was relevant specifically due to their professional or academic life	1	20
	No	0	0
	Visitor reported specific relevance due to their general interest in mental health	0	0
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	0	0
	Visitor was unsure or gave a vague answer	0	0
	Visitor felt it was just generally interesting or gave a generalised comment	0	0
	Total	5	100

Table 8.4: The Wellcome (Heritage Pilgrim visitors) – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	4	80
	No	1	20
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	0	0

[32] This visitor interestingly did not self-identify with the material when asked this question about identity. However, when asked about her motivations for visiting, she noted that she had 'visited because the topic is close to my heart' *VST 62: female, 25 to 34 years of age, editor, The Wellcome*. This visitor also drew strong connections between the exhibition and their own life in several other parts of the interview. It is possible that this visitor may not have understood this question or may have interpreted it differently to other *Heritage Pilgrims.*

	Visitor stated it was relevant specifically due to their professional or academic life	0	0
	Visitor was unsure or gave a vague answer	0	0
	Visitor reported specific relevance due to their general interest in mental health	0	0
	Visitor felt it was just generally interesting or gave a generalised comment	0	0
Total		5	100

Table 8.5: The Mind (Heritage Pilgrim visitors) – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	2	100
	Visitor stated it was relevant specifically due to their professional or academic life	0	0
	No	0	0
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	0	0
	Visitor was unsure or gave a vague answer	0	0
	Visitor reported specific relevance due to their general interest in mental health	0	0
	Visitor felt it was just generally interesting or gave a generalised comment	0	0
	Total	2	0

Connections to the material were often established around a sense of membership to a perceived community of other individuals who had strong experiences of mental health issues. This can be seen in the following interview excerpt with a middle-aged woman at *The Bethlem* whose daughters struggle with chronic depression. She highlighted how the paintings by individuals with mental health issues displayed in the museum helped her to understand how her daughter, a former professional painter, felt when her depression robbed her of the joy of painting. Although the emotions generated were upsetting (she seemed on the edge of tears at points), her visit was 'peaceful'. It provided a space where she felt individuals with mental health issues could freely express themselves. It was also an area where she felt she could connect with others whose children or siblings were going through the same ordeal that she, as a carer for her children, was experiencing. That she could 'open up and be myself with everybody' left her with the sense that she was 'not alone'; a simple but profound statement:

What part or parts of the museum did you enjoy most or find most interesting?

[VST 58] The art because my daughter, my middle daughter, she had a mental breakdown and anorexia and she suffers from severe depression […]. The artwork [at the museum] really… my daughter was an artist before she became ill, a real artist! She was offered all sorts of places but that side of her went [when she became ill]. When I look at the art here, I can actually see what she was feeling in a lot of the paintings. I find it…it's like a closeness to it. I'm not good with words. It makes it special somehow, the art.

How did the museum/exhibition make you feel?

[VST 58] Peaceful. Peaceful even though some of it is quite turbulent.

Is it a good or a bad thing that it elicits these confronting emotions?

[VST 58] Yes, it's giving peoples' wellbeing a chance to…people can only express themselves and think about things more when they're here. It's really good.

Are there any aspects of your identity that made your visit particularly meaningful or interesting?

[VST 58] I'm quite shy, although I can come over as being very confident. Deep down I'm shy and… but I find here I can open up and be myself with everybody.

Do you know why that might be?

[VST 58] There's no inhibition and people seem to understand you without saying too much.

Will you take away anything in particular from your visit?

[VST 58] A sense that… I'm not alone.

VST 58: female, 55-64 years of age, banker

The deeply personal nature of the visit and the strength of the connections established is again evident in another example with a *Heritage Pilgrim* visitor at *The Bethlem,* VST 11, who had a history of being treated within psychiatric institutions. Her visit focused on acknowledging the trauma that people have experienced. This reinforced her commitment to advocate on behalf of the mentally ill and her belief in the power of art therapy as an alternative to medication. She spent large parts of her visit trying to 'sit with people and hear their stories' in an effort to pay tribute to their lives. She noted, when asked what she would take away, that it was a feeling, a form of quietness and an appreciation for the chance to reflect on others, as well as her own, mental health journey:

How did the museum/exhibition make you feel?

[VST 11] It is very layered for me. I have had a lot of cumulative trauma in my own kind of journey of lots of different hospitalisations. It is personal in a lot of ways [which means] that it is hard not to have it touch on a lot of… it brings a lot of stuff to the surface in that I see a lot of myself in a lot of the stuff and it is very empowering as well because you can see how far things have come. You really empathise with people and it's nice to sort of sit with people and hear their stories and see their stories and feel for them and, yeah, empathise with them and feel sorry for them and just to sit with that and to acknowledge

their stories and in, you know, it's part of wanting to study psychology as well. You want to be an advocate for other people.

What part or parts of the museum did you enjoy most or find most interesting?

[VST 11] Seeing the patients' artwork moves me a lot. I've taken part in patient artwork […]. It's relevant to me and I know how important it is for patients to take part in their own recovery and to express how they're feeling in their mental health journey. That is a really important part and I am always extremely moved seeing featured works.

Will you take away anything in particular from your visit?

[VST 11] I think a sort of quietness of nice reflection. I think a good feeling. I'm glad I got the opportunity because I've wanted to do this for a long time. I'm glad I got the chance.

VST 11: female, 25-34 years of age, psychology student

In this sense, *Heritage Pilgrims* tended to be emotionally engaged in a strong way and, as shown later in this chapter, this led a small number to become frustrated with the way the exhibition depicted mental health. Often these visitors demonstrated high levels of empathy throughout their interviews, as can be seen in the excerpts above. This can also be seen in the cross-tabulation between *Heritage Pilgrims* and rates of overall emotional engagement based on coding for emotional responses of a visitor's entire interview that are shown in the following tables:

Table 8.6: Overall Sample (Heritage Pilgrim visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	9	75
	Frustrated	2	16.6
	Basic Emotional Statements	1	8.3
	Neutral or Information Based	0	0
	Engaged Positive Mild to Strong Emotion	0	0
	Distressed	0	0
	Total	0	0

Table 8.7: The Bethlem (Heritage Pilgrim visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	5	100
	Frustrated	0	0
	Basic Emotional Statements	0	0
	Neutral or Information Based	0	0
	Engaged Positive Mild to Strong Emotion	0	0
	Distressed	0	0

	Total	5	100

Table 8.8: The Wellcome (Heritage Pilgrim visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	2	40
	Frustrated	2	40
	Basic Emotional Statements	1	20
	Engaged Positive Mild to Strong Emotion	0	0
	Neutral or Information Based	0	0
	Distressed	0	0
	Total	5	100

Table 8.9: The Mind (Heritage Pilgrim visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

Valid	Empathetic	2	100
	Frustrated	0	0
	Basic Emotional Statements	0	0
	Engaged Positive Mild to Strong Emotion	0	0
	Neutral or Information Based	0	0
	Distressed	0	0
	Total	2	100

Often these strong emotions helped these visitors to critically reflect on the material's relevance to their own lives and the lives of other individuals with experiences of mental illnesses. The therapeutic validation of experiences and connection to community exhibited by these visitors is an important point to highlight within a mental health context. Mental health research shows that common responses to mental health issues involve labelling, stereotyping and avoidance (Corrigan *et al.* 2003; Overton and Medina 2008; Bos *et al.* 2013). This can lead to status loss, negative perceptions of identity amongst the mentally ill and a sense of being 'othered' or excluded from mainstream society (Ahmedani 2011; Shrivistava, Johnston and Bureau 2012). The feelings of inclusion experienced by visitors at these sites may help combat this. As noted by a visitor from *The Wellcome*, '[…] you can just find a place to meet other people who have the same experiences which is great […]' [VST 33: female, 35-44 years of age, interior designer]. Such experiences may help some visitors to better understand their illnesses and to embrace and learn to celebrate their identities as individuals with mental health issues.

Interestingly, these *Heritage Pilgrims* often became frustrated when the exhibitions did not conform to their understandings about how the mentally ill should be treated. Unlike disengaged visitors who were frustrated and confused by the exhibition material and typically disengaged or lost interest as a result, *Heritage Pilgrims* used this frustration to critically reflect upon the exhibition material. This can be seen in the following interview with a *Heritage Pilgrim* (VST 35) at *The Wellcome* where a visitor with Bipolar describes her displeasure with the perceived focus on medication:

> *Were there any parts of the exhibition you disliked or found uninteresting?*
> [VST 35] The last bit of the exercise of filling out a piece of paper [where the visitor writes what they wish could be changed about how society views the mentally ill, about their own mental health and how they could reach out to others with mental health issues]. That is going to go in the bin when I get home because I feel, as a mental health user, that it isn't going to be heard by anybody! I'm quite surprised that *The Bedlam* has done that! I really am! Because they are a very big organisation that do a lot to help people and this isn't going to help anybody. I think it's all going to go a bit flat, personally.
> *What could they do to remedy this?*
> [VST 35] It's not to use the word asylum in a dream perspective. It's to see it not as a hospital but as a place where somebody can have a recovery. The word recovery is far more important because way back in the *Bedlam* in that era, that doctor [in the exhibition] who said "We've got no cure for mental health, we're not seeing any results". I related to what he said very much that all these psychiatrists are doing all this research and all this so-called experimentation and getting no answers and no results. That's the case today because medication has taken over and that's why we need to see changes. That's something that hasn't really been addressed here. There is a mention of medication here but medication is only good if they're helped to come off it once they're in recovery.
> *VST 35: female, over 65 years of age, social worker*

The desire for reconfirmation was present throughout a large percentage of all types of visitors at each of the exhibitions. Indeed, 87.1% of the overall sample stated their views had not been altered when asked if there was anything they had 'seen/heard/read today that has altered your views on certain issues or topics?'. In response to this question, 38% stated that the exhibitions had reinforced their beliefs.[33] Tables 8.10 to

[33] The wording of this question was accidentally changed during several interviews with visitors at *The Mind*. It was changed to read 'Is there anything that you have seen/read/heard today that has altered **or reconfirmed** your views on certain issues or topics'. This was a leading question and 17.4% of the overall sample noted that their views had been reinforced in relation to this question. This percentage of the answers must be treated with caution. However, as discussed further below, the *overall* interviews of a significant number of the overall sample (66.2%) demonstrated an inclination on behalf of visitors towards reconfirming and strengthening

8.13 provides a break down of responses to this question in the overall sample and across each site and show the high levels of reconfirmation witnessed:

Table 8.10: Overall Sample – 'Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?'

		Frequency	Valid %
Valid	No	118	34.3
	No – visitor stated it reinforced their views or felt they were already aware about the issues discussed (unprompted)	71	20.6
	No – visitor stated it reinforced their views or felt they were already aware about the issues discussed (prompted)	60	17.4
	No – but visitor indicated they learned new information	41	11.9
	Yes – visitor highlighted that information was gained or their awareness increased	18	5.2
	Visitor was unsure	14	4.1
	No – visitor disagreed with museums' interpretation or message	10	2.9
	Yes – visitor provided vague acknowledgement	8	2.3
	Yes – visitor indicated there was a reasonable alteration	4	1.2
	Total	344	100
Missing		14	
Total		358	

Table 8.11: The Bethlem – 'Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?'

		Frequency	Valid %
Valid	No – visitor stated it reinforced their views or felt they were already aware about the issues discussed (unprompted)	31	33.3
	No	30	32.3
	No – but visitor indicated they learned new information	17	18.3
	No – visitor disagreed with museum's interpretation or message	6	6.5
	Visitor was unsure	4	4.3
	Yes – visitor provided vague acknowledgement	2	2.2
	Yes – visitor highlighted that information was gained or their awareness increased	2	2.2
	Yes – visitor indicated there was a reasonable alteration	1	1.1
	No – visitor stated it reinforced their views or felt they were already aware about the issues discussed (prompted)	0	0
	Total	93	100

various beliefs and identity structures. The 17.4% of answers that came from the leading question were not included during the process of coding each *entire* interview to determine whether visitors had used the exhibition to reconfirm or strengthen views.

Missing	2	
Total	95	

Table 8.12: The Wellcome – 'Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?'

		Frequency	Valid %
Valid	No	49	52.7
	No – visitor stated it reinforced their views or felt they were already aware about the issues discussed (unprompted)	17	18.3
	No – but visitor indicated they learned new information	11	11.8
	Yes – visitor highlighted that information was gained or their awareness increased	7	7.5
	Visitor was unsure	3	3.2
	Yes – visitor indicated there was a reasonable alteration	2	2.2
	Yes – provided vague acknowledgement	2	2.2
	No – visitor disagreed with museum's interpretation or message	2	2.2
	No – visitor stated it reinforced their views or felt they were already aware about the issues discussed (prompted)	0	0
Total		93	100

Table 8.13: The Mind – 'Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?'

		Frequency	Valid %
Valid	No – visitor stated it reinforced their views or felt they were already aware about the issues discussed (prompted)	60	38
	No	39	24.7
	No – visitor stated it reinforced their views or felt they were already aware about the issues discussed (unprompted)	23	14.6
	No – but visitor indicated they learned new information	13	8.2
	Yes – visitor highlighted that information was gained or their awareness increased	9	5.7
	Visitor was unsure	7	4.4
	Yes – provided vague acknowledgement	4	2.5
	No – visitor disagreed with museum's interpretation or message	2	1.3
	Yes – visitor indicated there was a reasonable alteration	1	0.6
	Total	158	100
Missing		12	
Total		170	

The above tables thus highlight that a large number of visitors in the overall sample, and

at the level of each case study site, did not feel that their views had been altered. In fact, they demonstrate that several felt the exhibitions had actually reinforced, as opposed to changing, their beliefs, opinions or attitudes. Interviews were also read through as a whole and coded in relation to whether the visitor exhibited signs of reinforcing beliefs or evidenced a change of view at any stage during their interview. Table 8.14 below highlights a break down of visitors who highlighted or indicated that the exhibition had strengthened their views at each museum. Significant number (66.2% of the overall sample – refer to footnote 32) made efforts to reaffirm a range of values and ideas around treatment methodologies or the importance of raising awareness about mental health issues. Some stressed the importance of art as an alternative therapeutic tool or the need for continuity of care in psychiatric treatment. Others decried the use of medication as chemical incarceration.

Table 8.14: Reinforcement

Museum	**Frequency**	**Valid Percent**	**Total**
The Bethlem	64	67.3	95
The Wellcome	70	75.2	93
The Mind	103	60.5	170
Overall Sample	237	66.2	358

Parallels can be made between these findings and with Smith's (2010, 2011, 2017a, 2017b) and Pekarik and Schreiber's (2012) findings that visitors actively seek out information to uphold their entrance narratives. It is important to note that the values and beliefs that visitors sought to bolster varied significantly between Smith's sites and the sites in this study. The values and narratives in Smith's studies varied across a wide range of genres and museum types. As an example, African-Caribbean visitors in her (2010, 2011) studies of slavery sought to reassert a belief that society needed to do more to recognise the legacy the slave trade has had in influencing how African-British individuals experience racism within contemporary British society.

Visitors in the current study tended to reinforce their commitments to a different range of values and beliefs. These revolved around the notion that they were liberal individuals who held egalitarian views towards the treatment of the mentally ill. They were largely aware of the difficulties the mentally ill face, were sympathetic to their plight and characterised themselves as supporters of mental health reform. As the excerpts above show, they also wished to reassert their beliefs regarding the correct way to approach the treatment or topic of mental health.

This finding is important because museum literature commonly posits that visitors come to museums to learn new information (see Falk and Dierking 2000, 2008, 2013 for notable examples). As shown at the end of Chapter Seven, visitors do frame their visits in terms of the educational opportunities museums offer (although the emphasis of this educational benefit is often placed upon others). Yet, the assertion that this learning will help to educate the less informed appears, in some ways, misguided. This is particularly true in relation to *The Wellcome* or *The Bethlem.* Take, as an example, the response of a reasonable percentage of visitors (20.7%) to these two exhibitions. These visitors mentioned that only those with a pre-interest in either asylums or mental health issues would visit museums or exhibitions that were known for discussing such issues. According to a visitor at *The Wellcome* 'Some people who might find it quite hard maybe wouldn't go to something like this' [VST 4: male, 45-54 years of age, public servant, *The Wellcome*], while another visitor at *The Wellcome* stated that '[…] I don't think it's going to have a big, life-changing, world impact, outside of people who are already interested. That's my view, maybe I'm wrong' [VST 47: female, 35-44 years of age, social worker]. Similarly, another believed *The Bethlem* would not raise awareness as 'The people that come to a museum like this have probably got a particular mindset in any case' [VST 70: male, 55-64 years of age, engineer]. Instead, some visitors from these exhibitions felt they might reduce 'preconceived ideas in people who are maybe a bit more malleable to those ideas' [VST 71: female, 35-44 years of age, teacher, *The Wellcome*].

Part of this perceived failure of *The* Bethlem or *The Wellcome* to reach an audience past those with a pre-interest in mental health was seen by some as an unfortunate, but expected, outcome of the history of museums as elitist and inaccessible institutions. One visitor from *The Wellcome* museum commented that museums have long been exclusionary zones where the poor, the severely mentally ill, and non-white have felt

unwelcome. This view is supported by wider museology literature (for more on the exclusionary nature of museums see Merriman 1991 and Coffee 2008). In this way, only a small segment of the population who were partial to the views put forward about mental health, and who were educated and used to visiting such spaces, would feel comfortable enough to attend. This can be seen in the following interview where VST 20 discusses the exclusive nature of museums:

> *What meaning or importance does a museum/exhibition like this have for contemporary society's understandings of the human mind?*
>
> [VST 20] It will aid young scholars and curious people but will it physically reach those who are affected by mental illness or who have been in an asylum or know people and so on? This is an exclusive temple.
>
> *Do you think this will raise peoples' awareness of the topic, or is it only people with a previous interest in the topic who will come to the exhibition?*
>
> Not at all, because of its geography, because of its security guards at the entrance, the white marble. All of these are excluders to people.
>
> *VST 20: male, 35-44 years of age, producer, The Wellcome*

Evidence of VST 20 comments regarding the exclusionary nature of museological institutions is borne out, in some ways, in the demographic data collected in this study. In Chapter Six (table 6.3), visitors were shown to come from occupations that require a reasonable degree of education. Thus the belief amongst many visitors regarding the ability of these museums to raise awareness and educate those less informed seemed at odds with the visiting demographic and the statement by the majority (87.1%) that their views had not changed. This is particularly true when considering that a further 66.2% of the overall sample felt their views had, in fact, strengthened.

It is for such reasons that Smith (2011: 260) argues that 'debates on education and learning often neglect the way museums are used to navigate social debate and, in particular, social controversy' and that the lengths 'to which people go to seek affirmation of their knowledge, views and identities, is, as yet, not well understood' (see also Smith 2016; Smith and Campbell 2016). These findings, along with others presented later in this chapter, demonstrate that the affirmation of values and beliefs could be a central aim of visitors to sites depicting mental health material. They also show that reconfirmation can be beneficial in helping to consolidate beliefs about the importance of raising awareness about mental health. Thus Smith's (2015, 2017b) contention that the reconfirmation of pro-social views is not an unhelpful outcome at exhibitions that seek to promote social change holds a degree of validity within a mental health context. The finding that visitors seek to reinforce, not alter, certain views

regarding the mentally ill does not need to be seen as fundamentally challenging the goal of museums that seek to have social influence. As Smith suggests (2017a), reinforcement can equally affirm progressive as much as conservative views about the past or present.

8.2.2 Deep Personal

Other engaged visitors (11.7% of the overall sample) were coded as *Deep Personal* visitors when looking at their entire interview. Unlike *Heritage Pilgrims*, these *Deep Personal* visitors had not necessarily visited with an expectation that they would draw deep connections between their lives and the material. A break down of how these visitors were spread across the sites is shown in table 8.15:[34]

Table 8.15: The number of Deep Personal visitors at each museum

Museum	Frequency	Valid Percent	Total
The Bethlem	16	16.8	95
The Wellcome	19	20.4	93
The Mind	7	4.1	170
Overall sample	42	11.7	358

Like *Heritage Pilgrims*, and unlike many disengaged visitors discussed in Chapter Seven, these visitors typically had personal experiences with mental health issues and were frequent museum visitors (83.3% visited a museum twice a year or more when compared with 49.3% of disengaged visitors). When asked the question 'Are there any aspects of your identity that made your visit particularly meaningful or interesting?', 77.5% identified the exhibition material as relevant due to their interest in mental health

[34] The higher numbers of visitors classified as *Deep Personal* at *The Bethlem* and *The Wellcome* when compared with *The Mind* is likely linked to factors outlined in Chapter Six and that have been discussed earlier in this chapter (that is, the purposeful nature of the visit and the high rates of personal identification with the material). However, it is interesting to note that *The Wellcome* experienced higher rates of *Deep Personal* and *Heritage Pilgrim* visitors than *The Bethlem.* That both had high rates is not unusual given that they were specific exhibitions in museums with specific mental health contexts. Yet, this author did expect to find that *The Bethlem* would have higher rates of visitors who drew deeply personal meaning than *The Wellcome* given that it sits within an operating psychiatric facility and that visitors were required to make a significant journey to come and visit. This author is unsure about why this slight discrepancy occurred. However, overall rates of engagement at *The Bethlem* were the highest out of the overall sample when looking at all engaged visitors (that is those visitors who were classified as either *Assessing Social Consequences*, *Deep Personal* or *Heritage Pilgrims*).

issues or due to their professional or personal experiences of mental illness. Tables 8.16 to 8.19 below demonstrate how *Deep Personal* visitors responded to this question. They highlight that these visitors typically drew links between their identity as people who had personally or vicariously experienced mental health issues in both the overall sample and at each individual site:

Table 8.16: Overall Sample (Deep Personal visitors) – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	21	52.5
	Visitor stated it was relevant specifically due to their professional or academic life	7	17.5
	No[35]	5	12.5
	Visitor reported specific relevance due to their general interest in mental health	3	7.5
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	2	5
	Visitor was unsure or gave a vague answer	1	2.5
	Visitor felt the exhibition was just generally interesting or gave a generalised comment	1	2.5
	Total	40	100
Missing		2	
Total		42	

Table 8.17: The Bethlem (Deep Personal visitors) – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	7	46.6
	Visitor stated it was relevant specifically due to their professional or academic life	3	20
	Visitor reported specific relevance due to their general interest in mental health	3	20
	No	2	13.3

[35] Interestingly, these visitors did not self-identify the material as being relevant to their identity when asked this question. However, strong connections between the material and their lives were established in several other parts of their interviews. It is, therefore, possible that these visitors interpreted this question differently to other *Deep Personal* visitors, or that they were not as actively aware of the deep links they were drawing between the exhibitions and their own lives as many other *Deep Personal* visitors were.

	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	0	0
	Visitor was unsure or gave a vague answer	0	0
	Visitor felt the exhibition was just generally interesting or gave a generalised comment	0	0
	Total	15	100
Missing		1	
Total		16	

Table 8.18: The Wellcome (Deep Personal visitors) – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	10	52.6
	Visitor stated it was relevant specifically due to their professional or academic life	4	21
	No	2	10.5
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	1	5.2
	Visitor was unsure or gave a vague answer	1	5.2
	Visitor felt the exhibition was just generally interesting or gave a generalised comment	1	5.2
	Visitor reported specific relevance due to their general interest in mental health	0	0
	Total	19	100

Table 8.19: The Mind (Deep Personal visitors) – 'Are there any aspects of your identity that made your visit particularly interesting or meaningful?'

		Frequency	Valid %
Valid	Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health	4	67
	No	1	16.6
	Visitor stated they had a specific interest in understanding thoughts, emotions, feelings	1	16.6
	Visitor stated it was relevant specifically due to their professional or academic life	0	0
	Visitor was unsure or gave a vague answer	0	0
	Visitor reported specific relevance due to their general interest in mental health	0	0
	Visitor felt the exhibition was just generally interesting or gave a generalised comment	0	0
	Total	6	100

Missing	1	
Total	7	

The majority of these visitors in tables 8.16 to 8.19, those who drew links between the mental health material and their own lives, were concerned with exploring and attempting to better understand their experiences of dealing with depression and other mental disorders. This exploration was often done through empathetic reflection; that is, they actively attempted to place themselves in the position of mental health sufferers on an intellectual and emotional level. Their struggles with mental health issues were placed in relation to the historical context of treatment and contrasted with individuals who had dealt with mental health issues in previous centuries. Tables 8.20 to 8.23 below highlight that, unlike disengaged visitors discussed in Chapter Seven, one of the most common responses by *Deep Personal* visitors to the question 'What will you take away from the exhibition?' was a reflection on their own mental health or others experiences with mental illnesses, or aspects of the exhibition that were relevant to their own life:[36]

Table 8.20: Overall Sample (Deep Personal visitors) – 'Will you take away anything in particularly from your visit?'

		Frequency	Valid %
Valid	Visitor took away a degree of personal reflection or parts that were relevant to their life	10	24
	Visitor took away the reflection specifically on own or other peoples' experiences with mental illnesses	9	21.4
	Visitor indicated they would take away a positive feeling or a statement about mental health	4	9.5
	Yes – but visitor was unsure of what or gave a vague statement	3	7.1
	Generally interesting experience – active	2	4.7
	Visitor raises a criticism of the exhibition or an element of the exhibition	3	7.1
	Visitor was unsure or needed time to process thoughts	3	7.1
	Visitor took away a feeling of sadness	2	4.7
	Visitor took away the reinforcement of their views	2	4.7
	Visitor provided a response relating to education	2	4.7

[36] Excerpts in Chapter Seven demonstrated that disengaged visitors were often unsure as to what they would take away form their visits. When asked 'Will you take anything away in particular from your visit?', 73% stated they were either unsure, that the exhibition was just generally interesting, or that they wouldn't take anything away. Only 6.5% of disengaged visitors took away reflection on their own mental health or the experiences of others with mental illnesses, or aspects of the exhibition that were relevant to their own life. What this reflection entailed was often left unelaborated.

	General interesting experience – passive	2	4.7
	No – but visitor felt it was good to see people at the exhibition	0	0
	Visitor stated they would remember a particular physical object	0	0
	No – visitor was generally unelaborated	0	0
	Visitor stated they would reflect on certain points or found it thought provoking	0	0
	Visitor stated the experience of being on the physical grounds of the hospital	0	0
	Total	42	100

Table 8.21: The Bethlem (Deep Personal visitors) – 'Will you take away anything in particular from your visit?'

		Frequency	Valid %
Valid	Visitor took away the reflection specifically on own or other peoples' experiences with mental illnesses	4	25
	Visitor took away a degree of personal reflection or parts that were relevant to their life	4	25
	Visitor indicated they would take away a positive feeling or a statement about mental health	3	18.7
	Visitor raises a criticism of the exhibition or an element of the exhibition	3	18.7
	Yes – but visitor was unsure of what or gave a vague statement	1	6.2
	Generally interesting experience – active	1	6.2
	Visitor was unsure or needed time to process thoughts	0	0
	Visitor took away a feeling of sadness	0	0
	General interesting experience – passive	0	0
	Visitor took away the reinforcement of their views	0	0
	No – but visitor felt it was good to see people at the exhibition	0	0
	Visitor provided a response relating to education	0	0
	Visitor stated they would remember a particular physical object	0	0
	No – visitor was generally unelaborated	0	0
	Visitor stated they would reflect on certain points or found it thought provoking	0	0
	Visitor stated the experience of being on the physical grounds of the hospital	0	0
	Total	16	100

Table 8.22: The Wellcome (Deep Personal visitors) – 'Will you take away anything in particular from your visit?'

		Frequency	Valid %
Valid	Visitor took away a degree of personal reflection or parts that were relevant to their life	4	21

	Visitor took away the reflection specifically on own or other peoples' experiences with mental illnesses	3	15.7
	Visitor was unsure or needed time to process thoughts	3	15.7
	Yes – but visitor was unsure of what or gave a vague statement	2	10.5
	Visitor took away a feeling of sadness	2	10.5
	Visitor provided a response relating to education	2	10.5
	General interesting experience – passive	1	5.2
	Visitor took away the reinforcement of their views	1	5.2
	Visitor indicated they would take away a positive feeling or a statement about mental health	1	5.2
	Generally interesting experience – active	0	0
	Visitor raises a criticism of the exhibition or an element of the exhibition	0	0
	No – but visitor felt it was good to see people at the exhibition	0	0
	Visitor stated they would remember a particular physical object	0	0
	No – visitor was generally unelaborated	0	0
	Visitor stated they would reflect on certain points or found it thought provoking	0	0
	Visitor stated the experience of being on the physical grounds of the hospital	0	0
	Total	19	100

Table 8.23: The Mind (Deep Personal visitors) – 'Will you take away anything in particular from your visit?'

		Frequency	Valid %
Valid	Visitor took away the reflection specifically on own or other peoples' experiences with mental illnesses	2	28.5
	Visitor took away a degree of personal reflection or parts that were relevant to their life	2	28.5
	Generally interesting experience – passive	1	14.2
	Visitor took away the reinforcement of their views	1	14.2
	Generally interesting experience – active	1	14.2
	Visitor was unsure or needed time to process thoughts	0	0
	Yes – but visitor was unsure of what or gave a vague statement	0	0
	Visitor indicated they would take away a positive feeling or a statement about mental health	0	0
	Visitor raises a criticism of the exhibition or an element of the exhibition	0	0
	Visitor took away a feeling of sadness	0	0
	No – but visitor felt it was good to see people at the exhibition	0	0
	Visitor provided a response relating to education	0	0
	Visitor stated they would remember a particular physical object	0	0
	No – visitor was generally unelaborated	0	0
	Visitor stated they would reflect on certain points or found it thought provoking	0	0

	Visitor stated the experience of being on the physical grounds of the hospital	0	0
	Total	7	100

These tables indicate that these visitors appeared to value, or seemed at the very least interested in, the exhibition material in terms of the relevance or relation it had to their personal lives. The degree to which many of these visitors attempted to undertake this process of relating to the material from an empathetic perspective can also be seen in the following tables (8.24 to 8.27). These outline the levels of emotional engagement (as witnessed at the level of the entire interview) of *Deep Personal* visitors across each site and in the overall sample. They demonstrate that, in the overall sample, 71.4% of visitors established empathetic links with the themes, material and messages, while a further 9.5% actively attempted to process their emotional responses:[37]

Table 8.24: Overall Sample (Deep Personal visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	30	71.4
	Engaged Positive Mild to Strong Emotion	4	9.5
	Basic Emotional Statements	4	9.5
	Frustrated	2	4.7
	Neutral or Information-Based	1	2.3
	Distressed	1	2.3
	Total	42	100

Table 8.25: The Bethlem (Deep Personal visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	11	68.7
	Frustrated	2	12.5
	Engaged Positive Mild to Strong Emotion	1	6.2
	Neutral or Information-Based	1	6.2
	Basic Emotional Statements	1	6.2
	Distressed	0	0
	Total	16	100

[37] This can be compared with the 96.2% of disengaged visitors who fell into the codes associated with being emotionally confronted or unengaged.

Table 8.26: The Wellcome (Deep Personal visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	12	63.1
	Engaged Positive Mild to Strong Emotion	3	15.7
	Basic Emotional Statements	3	15.7
	Distressed	1	5.2
	Neutral or Information-Based	0	0
	Frustrated	0	0
	Total	19	100

Table 8.27: The Mind (Deep Personal visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	7	100
	Neutral or Information-Based	0	0
	Basic Emotional Statements	0	0
	Engaged Positive Mild to Strong Emotion	0	0
	Distressed	0	0
	Frustrated	0	0
	Total	7	100

Tables 8.24 to 8.27 indicate that the presence of empathy may have been a key component of the way in which many of these visitors engaged with or interpreted the mental health material. The following excerpt of two visitors to *The Mind* provides a good example of how strong emotions like empathy featured heavily in the interviews of *Deep Personal* visitors. VST 72 draws upon her frustrating experiences of friends not receiving treatment due to stigma and empathises with their situation:

> *What part or parts of the exhibition did you enjoy most or find most interesting?*
> [VST 71] Probably the parts about mental disorders because it was a bit enlightening, there was a lot of information there. It's very interesting and the history behind mental disorders and the historical treatment.
> [VST 72] Yeah, I would have to say the emotional recognition side of it. It wasn't just mental disorders, although how that was constructed was freaking amazing. It was just the emotional recognition, the faces, how it was talking about how there are these types of emotions, where they stem from, how they can overlay.
> *What about that did you think was interesting?*
> [VST 72] The fact that it was so well explained, the fact that was… because this is a topic of interest to me. I kind of [am interested] in what people think. Having it clearly explained and none of it was at all offensive which is hard to

> find with mental health exhibitions. It was all clear and it had written cues as well as visual images as well as the verbal things. It was just a good balance.
> *VST 71: male, 17-24 years of age, electrical technician,*
> *VST 72: female, 17-24 years of age, student*

They begin by highlighting that their visit was 'enlightening' in relation to mental disorders. They place the emphasis of the visit firmly on themselves and assess what it means for *them*. This opening up to the possibility of personal reflection is clearly demonstrated in their responses to the next questions where VST 72 highlights the exhibitions relevance to their lives as teenagers living in Perth:

> *How did the museum/exhibition make you feel?*
> [VST 71] Reflective of my own mental well-being.
> [VST 72] Yeah, it was quite nice to see that it was solid information. Maybe if… kind of relieved that this information was out there and easy to access.
> *That's interesting, why relieved?*
> [VST 72] Because it's not talked about. Mental health isn't talked about and, coming from Perth which is a very small, it's basically a big country town, mental health is one of the huge stigmas especially for people around our age bracket. It's shitty and depressing to see people not get the treatment, not be aware and to mislabel themselves and misdiagnose themselves for attention and for a lack of understanding of what is actually happening to them and others. It's cool to see it laid out nicely.

Both are engaged and reflecting emotionally on the importance of the exhibition messages as individuals as well as upon their importance in relation to a broader, societal context. VST 72 is relieved that the exhibition has brought mental health to the forefront as it is 'shitty and depressing' to see friends and acquaintances suffering from stigma and misdiagnosis. In this way, the exhibition messages, along with the visitor's ability and willingness to work through her anger and to engage in empathetic moments, allowed VST 72 to assess the current state of attitudes towards mental health within her hometown through the lens of her own and her friends' experiences. The personal relevance of the material and the interviewees' willingness to elaborate is again reconfirmed when next asked if they reflected on any specific aspects of the exhibition:

> [VST 71] I liked in the video where it was talking about emotions. It talked about a mindfulness meditation exercise and that was just a subtle reminder that was just like, "Hey, going for a walk or taking ten minutes out just as a chill can be really beneficial!". I found those [aspects] a nice reminder and I found it a titbit to take away.

Here, VST 71 again places himself, his feelings and his thoughts in direct relation to the exhibition by reiterating the notion that there are messages and even practical advice that he will take away and potentially put into practice. The interview continues:

> *Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?*
>
> [VST 72] The people discussing the… I think it was the same actress talking each time about mental illnesses? But just having [mental health issues] explained with… in the way in which someone does experience it and the progress they went through from diagnosis and how the treatment system they went through. I thought that was really good to see because it made it easily relatable… it kind of made you point out in yourself and realise and go "Hey! [mental health] That's a [real] thing, cool, sweet". [it] Just increased awareness.
>
> *VST 71: male, 17-24 years of age, electrical technician,*
> *VST 72: female, 17-24 years of age, student*

These visitors, unlike many disengaged visitors, did not try to close down personal reflection. Much of their energy was devoted to exploring the meanings raised on a deeply personal level and in establishing and reaffirming empathetic connections to their own lives and to others lived experiences of mental illnesses. Thus, these more engaged visitors with personal experiences of mental health engaged in a form of reflection that went beyond simply reminiscing. This study contends, just as Bagnall (2003), Witcomb (2013) and Smith (2016, 2017a) have, that these visitors enjoyed and valued using memories to provide context to the material. Bagnall (2003: 87-88) found in her study of visitors to a historic dock district in Leeds, UK, that visitors performed a form of reminiscing in which 'personal and cultural memories and biographies' mediated their visits. These were used to endow the sites with culturally, socially and personally relevant meaning. In this way, Bagnall's (2003) visitors used memories and the emotions these generated to contextualise their visits in relation to their experiences of growing up or working in factories or classrooms similar to those exhibited throughout the dock district.

Obviously how visitors use emotions and what they seek to reaffirm with them depends on the context of the visit. Nonetheless, examples from this research deepen arguments that emotions and memories contribute to the reaffirmation of certain belief structures and significantly influence the way heritage is experienced at various institutions (Doering and Pekarik 1996; Smith 2011, 2017b). This includes those that discuss mental health and illness. Further examples of this can be seen in an excerpt with VST

36, another *Deep Personal* visitor from the *Wellcome*. VST 36 goes out of her way to reminisce on the significance of the material to her life:

> [VST 36] I don't really know. I knew it was about Bedlam. I thought it would be about the hospital and I found it quite mind-boggling actually, interesting. A bit ... I've got a friend who has had a psychosis in *Hommington East Wing.* I did voluntary work on *East Wing* a few years ago with prayer. It was about six years ago. No, less than that. Now, I was shocked because on the ward my friend was taken into the room and someone had written kill on the wall up in white chalk and the warden had so many bracelets on and necklaces and they were like chains with bolts on… There was a woman [staff member] around my age and she was saying [to a patient], "Are we going to play ball today!?", and I said "What a load of bollocks! [laughs]". [It's] Bloody ridiculous. Some of these women had only had breakdowns. No! I found it absolutely awful and that was about four years ago. There's a lot that needs to be done. The staff need to be removed totally and new people be trained properly.
> *VST 36: female, over 65 years of age, retired*

The interview begins with her commenting that she expected the exhibition to cover more of the hospital's history. She quickly uses this comment to lead into an unprompted discussion about her experience of volunteering on a psychiatric ward. Here the discussion focuses less on how the exhibition has portrayed asylums. Instead, her experiences take centre stage as she turns to voice her opinion on, what she feels, is the poorly run nature of several asylums. The interview continues:

> *What part or parts of the museum did you enjoy most or find most interesting?*
> [VST 36] The art because I paint. That was really interesting.
> *What drew you to it?*
> [VST 36] Well, obviously it's an outlet. I'm aware of that and the fact that they actually took ages before they gave them paper and hand [referring to the time it took for patients to be given paper and pens or brushes for writing, drawing or painting] to express themselves with. It's actually quite horrific, awful.
> *Is there anything that you think could have been relevant that has been left out of the museum/exhibition?*
> [VST 36] My mum committed suicide 70 years ago when I was six and she was in an asylum in Coventry. She had like a brain down. It was to do with depression. I wasn't told anything about it till much later, years and years afterwards. But I can remember her walking back in a nightdress, a coat, and a pair of wellingtons. She committed suicide not that many weeks or months after that […] you forget those things and that brought that up for me and you think there should have been more done then, but what?

VST 36 again begins by directly answering the questions by discussing how the introduction of art therapy to psychiatric institutions provided a needed expressive outlet for patients. The conversation quickly steers back towards a process of critical remembering, this time about her mother's suicide. This pattern is then repeated throughout the rest of the interview. Thus, the exhibition was often utilised by these visitors as a mechanism for reflecting on certain points of interest from their past that were important but often painful or sad. Some chose to draw connections between their family or friends and the way certain individuals were treated in the exhibition, others chose to reflect on their experience of undergoing particular forms of ECT, or, in the case of VST 36 above, dealing with the emotional and personal difficulty of losing someone to suicide. In doing so, visitors were able to use their experiences to reflect on a range of contemporary issues around mental health and healthcare and, in the case of the visitor above, to strengthen views around the mismanagement of current psychiatric facilities.

Such findings demonstrate that heritage and heritage interpretation is an embodied set of practices or performances. Smith (2015: 459-460) argues that this performance of 'heritage-making' is one in which 'cultural meaning is continually negotiated and remade, and is, moreover, a process in which people invest emotionally in certain understandings of the past and what they mean for contemporary identity and sense of place'. In this sense, visitors valued being invited to engage in an emotionally 'plausible experience' (Bagnall 2003: 90). This experience helped visitors to explore their understandings about their own lives (often as individuals with experiences of mental health issues), their identity (as people who have worked in mental health or who identify as mental health consumers) and their position within the world (as individuals interested in reducing mental health stigma) by contextualising their own experiences in relation to others.

8.2.3 Assessing Social Consequences

The majority of engaged visitors spent parts of their interviews discussing the exhibition themes regarding mental health. They made up 58.6% of the overall sample. The below table shows how these visitors were spread across the three museums:[38]

[38] Contextual and demographic differences that likely contributed to variations in levels of engagement have been provided at the beginning of this chapter and also in Chapters Six and

Table 8.28: Assessing Social Consequences

Museum	Frequency	Valid Percent	Total
The Bethlem	65	68.4	95
The Wellcome	53	57	93
The Mind	92	54.1	170
Overall Sample	210	58.6	358

They demonstrated an interest in understanding historic approaches to mental health and the impact this has had on current social attitudes and practices. Like *Heritage Pilgrims* and *Deep Personal* visitors, they were interested in exploring the lived experiences of those with mental health issues. Several identified the exhibition material as relevant due to their interest in mental health issues or due to their professional or personal experiences of mental illness (54.3%). This was significantly more than disengaged visitors (28%), but less than *Deep Personal* (77.5%) and *Heritage Pilgrim* (91.6%) visitors. Likewise, these visitors frequented museums more regularly than disengaged visitors (70% visited twice a year or more when compared with 49.3% of disengaged visitors), although they did not visit as often as *Deep Personal* (83.3%) or *Heritage Pilgrims* (83.3%).

Like the majority of visitors throughout this study, the insights they were taking from the exhibitions often revolved around the desire to reaffirm information that strengthened various views they held about mental health treatment and stigma. They tended to be emotionally engaged when looking at their entire interview (57.6%) but to

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Seven. The higher percentage of visitors engaged in *Assessing Social Consequences* at *The Bethlem* when compared with the other two sites can also be explained by the simple fact that very few visitors at *The Bethlem* were disengaged (due to reasons outlined at the beginning of this chapter and in Chapter Six). This inevitably meant that visitors at the Bethlem had a higher change of falling into one of the three codes associated with engagement with the themes (that is, *Assessing Social Consequences*, *Deep Personal*, or *Heritage Pilgrims*). Similarities in rates of *Assessing Social Consequences* between *The Wellcome* and *The Mind* may also be explained by the fact that this was the most common code for visitors to fit into at each of the sites due to the relatively easy criteria that visitors had to fulfill to be classified into this code. *The Mind* also had very few visitors who fell into the higher codes of engagement (that is, *Deep Personal* or *Heritage Pilgrims*). This meant that these visitors at *The Mind* were more likely to be placed into either the *Assessing Social Consequences* code or the *Basic, Clichéd or Unelaborated* codes.

a lesser degree than *Heritage Pilgrims* (75%) or those classified as *Deep Personal* (80.9%), although to a higher degree than disengaged visitors (3.7%). Tables 8.29 to 8.32 detail the emotional responses of visitors in the overall sample and at each case study site when looking at the entire interviews of those who fit into the *Assessing Social Consequences* code. They show that just over half (57.6%) were making genuine attempts to work through the emotions raised by the exhibitions:

Table 8.29: Overall Sample (Assessing Social Consequences visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	64	30.4
	Engaged Positive Mild to Strong Emotion	57	27.1
	Basic Emotional Statements	49	23.3
	Neutral or Information-Based	35	16.6
	Distressed	1	0.4
	Frustrated	4	1.9
	Total	210	100

Table 8.30: The Bethlem (Assessing Social Consequences visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Empathetic	24	36.9
	Engaged Positive Mild to Strong Emotion	15	23
	Neutral or Information-Based	15	23
	Basic Emotional Statements	8	12.3
	Frustrated	3	4.6
	Distressed	0	0
	Total	65	100

Table 8.31: The Wellcome (Assessing Social Consequences visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Basic Emotional Statements	23	43.3
	Empathetic	17	32
	Engaged Positive Mild to Strong Emotion	8	15
	Neutral or Information-Based	4	7.5

	Frustrated	1	1.8
	Distressed	0	0
	Total	53	100

Table 8.32: The Mind (Assessing Social Consequences visitors) – 'Overall emotional engagement with mental health themes, based on coding of the entire interview'

		Frequency	Valid %
Valid	Engaged Positive Mild to Strong Emotion	34	36.9
	Empathetic	23	25
	Basic Emotional Statements	18	19.5
	Neutral or Information-Based	16	17.3
	Distressed	1	1
	Frustrated	0	0
	Total	92	100

Levels of emotional engagement did vary throughout this section of the sample at each museum. For instance, 36.8% at *The Mind* within this code discussed the issue of mental health within a *Neutral or Information-Based* context or made *Basic, Emotional Statements*, while 36.9% were confronted but emotionally engaged, and 25% were *Empathetic*. Likewise, rates of emotional engagement amongst these visitors varied at both *The Bethlem* and at *The Wellcome*. At *The Wellcome*, 50.8% remained on a *Neutral or Information-Based* level or made *Basic Emotional Statements*, while 15% were emotionally engaged and 32% were empathetic. At *The Bethlem*, 35.3% stayed on a *Neutral or Information-Based* level or made *Basic Emotional Statements*, while 23% were emotionally engaged and a further 36.9% demonstrated reasonable degrees of empathy.

Potential reasons for such variations in emotional responses between these participants at each site have already been discussed (for example, the higher rates of personal identification with mental health issues, and thus relevance, that was witnessed at *The Wellcome* and *The Bethlem* when compared with *The Mind* – see Chapters Six and Seven for a detailed outline of these factors). This is not to say the absence or presence of emotion inherently equates to a lack of critical insight.[39] Some within the *Assessing*

[39] The work of Smith and Campbell (2016) has demonstrated that strong emotional responses to material can lead to shallow critical insight or a complete disengagement from the material altogether, just as mild emotional responses can result in progressive and profound insights, see Chapter Two for further discussion.

Social Consequences code who remained emotionally *Neutral or Information-Based* were engaged on a significant level with important issues relating to mental health, as can be seen in the following interview with a group of three visitors to *The Mind*:

> *What part or parts of the exhibition did you enjoy most or find most interesting?*
> [VST 24] That sort of thing [referring to mental illnesses] all the emotional, disturbing factors that contribute to… and all the triggers for those things that might cause depression or illness. All of it. The Autism thing, birth environment.
> *Is there anything that you think could have been relevant that has been left out of the museum/exhibition?*
> [VST 22] There's not really much to do with the spiritual side of stuff in there. You've left religion or spiritual stuff out or thinking in that particular area.
> *Are there any aspects of your identity that made your visit to this exhibition particularly meaningful or particularly interesting?*
> [VST 23] Probably in understanding people and connecting. I liked that board with all the eyes with the different expressions on eyes, to be able to connect with other people through facial or body language and understand where they are at […].
> *Do you think that museums are appropriate places to raise the themes, content and messages that were brought up in this exhibition/museum?*
> [VST 23][…] Past methods of helping people with trauma or mental illness. It has advanced and the knowledge of the brain has advanced so much and the ability to combine spiritual and practical methods. I believe is a two-pronged way of dealing with it.
> [VST 22] Mmm.
> *Is mental health an important or appropriate part of the exhibition?*
> [VST 24] Probably not for us, but I think for some people. Mental illness, even though it's a lot more out in the open than it used to be, it's still a subject that a lot of people don't know a lot about […] but through having counselled many people you come across all this sort of stuff and a lot of it in here was good because it sort of *reinforced* that there is illness out there that does need help. But the mind can fix the mind. There's got to be a spiritual aspect to it.
> *VST 22: male, 55-64 years of age, builder*
> *VST 23: female, 45-54 years of age, childcare*
> *VST 24: female, 45-54 years of age, retired*

These visitors discussed a range of contemporary factors related to the treatment of people with mental health issues. In doing so, they sought information that reinforced their beliefs about the role of religion and spirituality in mental health. While their emotional statements rarely extended past general expressions of interest or surprise, and even though they noted that they were already aware of, and informed about, mental health issues, they appeared genuinely interested in trying to understand and connect with other peoples' world views and experiences.

An overarching trend amongst these visitors was their willingness to elaborate upon their views, unlike disengaged visitors discussed in Chapter Seven. A good example of this can be seen in the following interview with a visitor from *The Wellcome*:

> *What part or parts of the museum did you enjoy most or find most interesting?*
> [VST 16] I want to go away and read the *Bedlam Ballads* [folk stories made by musicians in the seventeenth and eighteenth centuries that were based on the laments of inhabitants]. I don't know if it… it was quite interesting at the end where it was talking about how people would like an asylum to be, thinking about what will help people now. It was just interesting to get an overall view from when asylums started. It's just interesting that it's going back to how people used to treat mental illness before mental asylums existed.
> *Were there any parts of the exhibition you disliked or found uninteresting?*
> [VST 16] No.
> *How did the museum/exhibition make you feel?*
> [VST 16] It made me feel equally sad for the people that have mental illness. I think that if you, [points to self], were stuck in an asylum it would be an awful thing. But also it's quite nice to hear how people have been thinking [about] trying to look after people because a lot of the time you think about the Victorian era of people just locking people away. But it's nice that people who, people tried to actually help patients.
> *Is it good or bad that the exhibition raises those sorts of emotions?*
> [VST 16] No, it's good. It should do.

She begins by highlighting the insight into the lives of people that had experiences with mental health issues, and of living in a psychiatric institution, as interesting. VST 16 empathetically elaborates upon why these elements drew her attention and how the exhibition made her feel. She places herself in direct relation to the context of the exhibition by imagining how she would feel if she was relegated to a psychiatric institution. This, in turn, prompts her to reflect on the history of psychiatric treatment and how contemporary approaches to healthcare are beginning to draw from historic methods. The interview continues:

> *Are there any aspects of your identity that made your visit particularly meaningful or interesting?*
> [VST 16] You often wonder how close everyone is to going a little crazy. Everyone has the potential to go crazy. When you look at what people have going on in their heads, you go "Oh, God. Is that a little bit close to how I might feel!?". How could you… I just think that everyone has the potential to tip over into being defined as crazy.
> *What meaning or importance does a museum/exhibition like this have for contemporary society's understandings of the human mind?*
> [VST 16] It makes… at the end it's really nice the way it makes you think about how you look after yourself and how you look after other people. And after Thatcher got rid of … my Mum works in the theatre and she gets a lot of

people coming in for help and there's not enough support. It's underfunded still. Maybe they could have brought that out or talked about it more. But then, maybe they have to be a bit politically neutral so maybe they can't. I think they could have brought that out.

Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?

[VST 16] No, not really. No, because I've kind of looked into a bit of this before.

Will you take away anything in particular from your visit?

[VST 16] I'd like to go and look up more literature around it.

VST 16: female, 25-34 years of age, circus performer

VST 16 is again actively involved throughout this segment of the interview in unpacking her thoughts and feelings about the exhibition. She not only openly acknowledges the inherently confronting nature of the material, but also explains in some detail why it made her feel vulnerable. Unlike in disengaged interviews, rarely does she provide single sentence answers that shut down the need for deeper thought. The exhibition did not alter her views as she felt she was already knowledgeable about mental health issues. However, it did strengthen her belief in the lack of support and funding for mental health issues in British Society that she felt had decreased since Margaret Thatcher had been Prime Minister.

These interviews demonstrate two important points that have been made both in Chapter Seven and throughout this chapter. Namely that significant numbers of visitors did not believe they had prejudicial views in need of altering and that many were motivated by a desire to see their beliefs about mental health treatment validated (66.2% of the overall sample). This suggests that the benefit of exhibitions that seek to have a social impact on mental health stigma may not rest in exposing unaware members of the public to the difficulties that the mentally ill face. This is not to suggest that education and exposure cannot result in a reduction in mental health stigma (see Corrigan and Watson 2002; Corbiere *et al.* 2012). However, results from this study highlight that these exhibitions may instead operate, amongst other things, as arenas where individuals can reaffirm their commitment to reducing stigma by advocating on behalf of the mentally ill.

8.2.4 Learning

It is necessary to state that this study is not suggesting that visitors did not gain information or experience subtle shifts in attitude. This chapter has already detailed how engaged visitors were prompted into important discussions and appreciated the chance to reflect on both others and their own mental health. A smaller number also highlighted they had learned a range of new information. For instance, table 8.10 outlined responses of the overall sample to the question 'Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?'. In response, 17.1% stated they had acquired new information.

This information tended to centre on a general increase in understanding about the history of asylums and the care they offered in historic and contemporary times. Others believed they had developed a firmer understanding of the difficulties that face the mentally ill – although most highlighted in their interviews that they were aware of, or interested in, experiences of mental health to some degree prior to answering these questions. Some responses offered at *The Mind*, and to a lesser degree *The Bethlem* and *The Wellcome*, were vague or left unelaborated. Take the following examples from two separate interviews, one at *The Mind* and one at *The Wellcome*, where responses about alterations in views are followed by a lack of elaboration:

> [VST 156] All the stuff about how it used to be treated.
> *VST 156: female, 17-24 years of age, student, The Mind*

> [VST 78] Shifts, and I think that's always the case with good museum exhibitions. Lots of little shifts.
> *VST 78: male, 55-64 years of age, academic, The Wellcome*

This meant that it was difficult to clearly determine what objects, stories, narratives or curatorial strategies prompted certain visitors to undertake this learning. Answers to the question 'Were there any specific parts that prompted you to reflect on anything of particular interest or importance?' helps to provide some insight into particular elements that visitors found compelling. Table 8.33 below shows that, at *The Bethlem*, objects, text and stories belonging to former patients or doctors were popular. This was followed by recreations of restraint mechanisms or the life-size recreation of a padded cell, medical tools and other psychiatric resources. At *The Wellcome* (table 8.34), artworks and creative projects such as HH1's *Madlove* were popular, as were visual forms of media. At *The Mind* (table 8.35), restraining material and physical objects such as

medical tools (for example, tools used for cutting into the brain to release pressure or to remove spirits) were popular:

Table 8.33: The Bethlem – 'Were there any specific parts that prompted you to reflect on anything of particular interest or importance?'[40]

		Frequency	Valid %
Valid	Visitor highlighted artworks, textual resources, images or physical projects	22	23.2
	Visitor highlighted restraining material	19	20
	Visitor highlighted visual media about mental health	10	10.5
	Visitor made a general reference to personal stories about mental health	4	4.2
	No – visitor needed more time to absorb information or gave a vague answer	2	2.1
	Visitor made general comment about mental health	2	2.1
	Visitor highlighted medical tools or psychiatric resources	0	0
	Visitor highlighted objects, text, or stories (not related to mental health)	0	0
	Visitor highlighted objects, text or stories relating to drugs, memory loss, or brain disorders	0	0
	Missing	36	37.8
	Total	95	100

Table 8.34: The Wellcome – 'Were there any specific parts that prompted you to reflect on anything of particular interest or importance?'

		Frequency	Valid %
Valid	Visitor highlighted artworks, textual resources, images or physical projects	33	35.1
	Visitor highlighted visual media about mental health	10	10.6
	Visitor made general comment about mental health	10	10.6
	Visitor made general reference to personal stories about mental health	7	7.4
	No – visitor needed more time to absorb information or gave a vague answer	2	2.1

[40] Responses to this question must be treated with a degree of caution. This is because a significant percentage of visitors at *The Wellcome* and *The Bethlem* were not asked this question or did not provide an answer (30.9% and 37.8% of visitor responses were missing respectively, compared with 10% missing at *The Mind*). This occurred due to interviewer error (the author forgot to ask this question consistently at these two sites). Nevertheless, they are partly useful in providing a potential indication of particular elements that piqued the curiosity of visitors at each site). As a result, the percentages on these tables (8.33 to 8.35) have been calculated by **including the missing percentage** in the total.

	Visitor highlighted objects, text or stories relating to drugs, memory loss, or brain disorders	2	2.1
	Visitor highlighted objects, text, or stories (not related to mental health)	1	1.1
	Visitor highlighted restraining material	0	0
	Visitor highlighted medical tools or psychiatric resources	0	0
	Missing	28	30.9
	Total	93	100

Table 8.35: The Mind – 'Were there any specific parts that prompted you to reflect on anything of particular interest or importance?'

		Frequency	Valid %
Valid	Visitor highlighted objects, text, or stories (not related to mental health)	61	35.9
	Visitor made general comment about mental health	21	12.4
	Visitor highlighted restraining material	16	9.4
	No – visitor needed more time to absorb information or gave a vague answer	16	9.4
	Visitor highlighted objects, text or stories relating to drugs, memory loss, or brain disorders	16	9.4
	Visitor highlighted medical tools or psychiatric resources	12	7.1
	Visitor highlighted artworks, textual resources, images or physical projects	5	2.9
	Visitor made general reference to personal stories about mental health	4	2.4
	Visitor highlighted visual media about mental health	2	1.2
	Missing	17	10
	Total	170	100

While these artefacts, objects and stories were memorable aspects for many visitors, whether these elicited the above-mentioned reflection or learning was still, at times, hard to discern. For the most part, visitors appeared to be responding to the general narratives weaved throughout these exhibitions. Visitors at *The Mind* typically indicated that their learning had come in the fashion of developing better understandings of how treatments and attitudes to mental health had progressed from historic to modern times. A typical example of this more generalised learning can be seen in the below response:

> [VST 62] The only thing was seeing that standing chamber with the mental asylum and how much it's actually progressed.
> *VST 62: male, 25-34 years of age, warehouse worker, The Mind*

Regardless, basic themes can still be deduced from responses given by visitors at *The Wellcome* and *The Bethlem* to these two questions. These visitors often believed they had inaccurate understandings about asylums or of psychiatric treatments. Some felt they were simply unaware of the history of psychiatric facilities in the UK and that their understanding had been shaped by stereotypical representations in American media. Others believed their views about ECT were out-dated or uninformed. Certain visitors subsequently saw the exhibition as useful in helping to develop a more balanced understanding of historic and contemporary approaches to psychiatric care and of in-house treatment in asylums (this was one of the key goals of both of these exhibitions). The following three excerpts from three separate interviews provide examples of the degree to which these exhibitions helped such visitors to rethink their views on these topics, with VST 51, for example, highlighting that the exhibition provided him with a more accurate understanding of asylums than he previously had:

> *Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?*
>
> [VST 51] The main take away is that I had no idea about the history. You see the popular culture stuff like the American horror story and the asylum. That's my only idea of what an asylum really would look like, or when you see lots of artists and asylums all the time and you see stuff sort of here and there but that's pretty much what I'll take away, actually having seen a lot of history and asylums.
>
> *VST 51: male, 17-24 years of age, sales, The Wellcome*

> *Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?*
>
> [VST 17] Yes, actually a lot of the history stuff about the asylum wasn't stuff that I knew about. My views on asylums were actually quite misguided. The historical side of it was quite useful.
>
> *VST 17: female, 25-34 years of age, writer, The Wellcome*

> *Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?*
>
> [VST 254] Not so much altered. No. I've just learned a few more things. Yeah. It was interesting to hear about the ECT. That video where they discuss it and my sister was discussing it with me as well that a lot of doctors have told her that it is a very good thing and it helps a lot and a lot of shock therapy is still used a lot. But it was interesting hearing some peoples' accounts of serious memory loss and how it's out-dated. You know, I didn't know that much about it before so it is very interesting.
>
> *VST 254: female, 25-34 years of age, student, The Bethlem*

The exhibitions in this study thus provided visitors with information and insights that were valued and engaging. Comments from visitors at *The Wellcome* and *The Bethlem*

suggest that they learned about, and re-evaluated to a degree, their perceptions of psychiatric institutions. These shifts typically did not appear to amount to a fundamental altering of their understanding of mental health or represent a major change in attitude towards the mentally ill. However, they indicated a degree of critical thought and a genuine willingness to reflect. In doing so, they felt a greater sense of understanding about the individuals who are often forgotten when discussing asylums. Visitors appreciated these stories as a chance to feel a sense of sadness, a sense of being unsettled and a feeling of empathy for those who have, and those who continue to, suffer. Thus, the exhibitions did manage to allow visitors who were already sympathetic to mental health issues to express their empathy and to strengthen their views around the need to reduce stigma.

8.3 Discussion

Poria, Biran and Reichel (2009) argue that visitors to heritage sites have a range of preferences for interpretations based on their motivations for visiting. They found in their study of visitors to The Wailing Wall in Israel that, in accordance with a visitor's levels of social, cultural or religious affiliation with the site, they wished to have an educational experience, simply an enjoyable day out, or an emotionally deep connection and thought-provoking visit (Poria, Biran and Reichel 2009). It appears banal to state that visitor motivations influenced preferences for interpretation at and between the three sites in this study. However, we have seen in Chapter Seven at both *The Mind* and at *The Wellcome* that those with little personal experience of mental health or psychiatric institutions were often looking to have generally interesting or relevant visits. Those with strong experiences of mental health issues tended, on average, to be more engaged and enthusiastic in their discussions about issues of mental illness. It is, therefore, important to acknowledge that differences in the contextual and national settings between the museums and the type of visiting demographic at each, influenced preferences for the type of visiting experiences recorded at each site. Similarly, differences in the way personal stories were presented and the number of interactive methods for exhibiting material that were present at each exhibition may also have influenced this.

However, it has been shown that many visitors who engaged with the material across the sites actively sought to make personal connections between the exhibition and their

own lives. These connections often generated strong, even unsettling, emotions. They were central to a process of reminiscing in which visitors drew upon personal biographies to imbue the material with personally, culturally and socially relevant meanings. This made their visit meaningful and interesting and prompted critical reflection on the exhibition themes. It also strengthened their identities as people with liberal views about mental health and bolstered their commitment to certain values surrounding the treatment of the mentally ill.

In this sense, emotion and memory played a meaningful role in influencing how visitors both engaged, as well as disengaged, across the sites. This demonstrates that the recent turn to emotion and affect in museological literature may help museological scholars to better understand important aspects of the visiting process (Tolia-kelly, Waterton and Watson 2017). This study has argued that many of the more engaged museumgoers in this study were similar in this way to visitors in Bagnall's (2003) study of visitors to the historic Wigan Pier district in the UK. As discussed in this chapter and in Chapter Seven, Bagnall (2003) found that visitors wanted to acquire knowledge, but also to explore emotional moments. The degree of meaning derived from exhibitions for those more engaged visitors in both Bagnall's study (2003) and in this study, was not necessarily derived solely from the content of a display. Rather, it was the manner in which the exhibitions constructed and invited visitors to explore credible emotional experiences. This helps to explain why different design approaches highlighted at the beginning of Chapter Seven may have influenced levels of engagement at each site. The lack of personal stories and interactive methods for presenting them at *The Mind* meant that visitors could, and often did, choose to disengage when experiences did not 'feel' real or valid. Conversely, the use of community projects (such as *Madlove*) that displayed the views and opinions of psychiatric patients, or the use of hypothetical situations presented in an audio-visual format, likely contributed to higher rates of engagement at *The Wellcome* and *The Bethlem*. Engagement levels were similarly impacted when design factors explicitly interfered with a visitor's ability to experience a personal or emotional resonance with the material (take, for example, the lack of contextual information at all three sites that contributed to a sense of confusion, see Chapter Seven)

It is for such reasons that Roberts (2013), Witcomb (2013), Cooke and Lee-Frieze (2016) and Smith (2017a, 2017b), argue that emotions and affective moments are

valued by visitors as a means of connecting with material in order to explore understandings of self and other. Roberts (2013: 92) posits that the museum experience for visitors 'reaches way beyond education, even as it is understood in the broadest sense'. Museums are about creating opportunities for visitors to engage in a directly interpretive experience with objects, artefacts and people. This is done in order to be in an exploratory 'conversation with the self, others and objects' (Roberts 2013: 92).

Visitors look to use memories to explore different aspects of their identity based, in part, on the content of the exhibition. As previously shown, African-British visitors to Smith's (2010, 2011) studies at slavery exhibitions in England drew on memories of their personal experiences of racism and the anger and frustration these raised to assess their identity and claims for recognition as black people within contemporary British society. Conversely, visitors in this study strengthened a different set of beliefs. They recalled family, friends, patients, partners and their own experiences with mental health issues. These were used to reflect on the injustices and difficulties the mentally ill face within contemporary society and to assert their beliefs about the most appropriate ways to move forward in reducing stigma and aiding the mentally ill.

These findings, coupled with the levels of avoidance discussed in Chapter Seven, demonstrate that many visitors may not wish to have their perceptions of self, or their points of view regarding mental health and illness and its treatment, undermined. Instead, they may wish to maintain or explore further these entrance narratives. This seems, on the surface, to be a relatively basic finding. It has been overlooked in the majority of museum literature as a serious aspect of the museum visiting experience. This is particularly true in relation to museums that depict mental health material, as few studies have been undertaken to determine if, how and why visitors may avoid opening themselves up to critical reflection. Museum literature has long contended that museums are primarily about learning and education (Moore 1997: 19; Falk and Dierking 2000: 2; Smith 2011, 2017a). While it is fair to say that museum visitors learn, rarely is it acknowledged that this may be done by many in order to bolster, not broaden, preconceived views and that this has consequences for how visitors engage with heritage material.

This is not to claim that visitors at the three sites did not reflect on the messages that the curators hoped to impart. Perceptions of what asylums are and how they operate were

challenged, as were understandings of the mentally ill as active agents in shaping their treatment and the way they have been viewed in society. In this sense, the exhibition helped to guide visitors into important discussions about historic and contemporary approaches to mental health care. Subtle shifts in attitude were then undertaken, just as has been witnessed in studies at other difficult exhibitions (see Dodd *et al.* 2010; Sandell 2007; Schorch 2014a, 2015 for more). Sandell (2016: 6), in his study of transgender rights displays in museums has argued that museums of all kinds play a central role in influencing the way narratives around a host of issues are conceptualised and discussed:

> …they construct, publicly present and disseminate narratives that have implications for the ways in which human rights are experienced… These museum narratives have influence on human rights processes and impact the lives of those engaged in rights struggles.

Dodd *et al.* 2010 argue that museums can provide visitors with the discursive repertoire and modes of thought needed to reframe prejudice. They are also best thought of as being resources that operate alongside other forms of media in society that can highlight alternative viewpoints to those offered in mainstream discourse (Sandell 2016: 131). Studies by Cain *et al.* (2014) and Hinshaw and Stier (2008) have shown that media portrayals of schizophrenia often overemphasise prejudicial links between schizophrenia and violence. The media does accordingly play a role in influencing how society views and thinks about mental illnesses. As noted by *SANE Australia* (2014: 6):

> For many people, their favourite current affairs television show, newspaper, or radio host helps them interpret and find meaning in the complex world around them. This direct impact shows the power of the media and its influence of public attitude. Sometimes the media can help improve understanding by providing accurate and positive stories about people living with a mental illness. Unfortunately, the media can also perpetuate stereotypes.

However, a key argument that has been made in relation to the overall sample of visitors across the sites in this study is that, although some subtle shifts in attitudes were undertaken, the exhibitions did not radically reconfigure visitors' prejudicial views in the same way as has been found in other studies (see Sandell 2007; Schorch 2014a, 2015). This chapter has argued that this is not necessarily problematic. It would be unhelpful and untrue to argue that the reaffirmation of pro-social values amongst those who are already sympathetic towards the plight of the mentally ill is an unsuccessful

outcome of museums like those reviewed in this study. Reinforcement only becomes problematic when considered in relation to the extent to which heritage interpretation and museological practice and policy stresses that learning should be the outcome. As this chapter has demonstrated, the benefits offered by such exhibitions extend beyond learning and these are worth considering. The creation of a sense of community, the validation of experiences of mental health and the bolstering of beliefs in mental health as an important issue in contemporary society are valuable. This is because they may help to combat issues of status loss and feelings of worthlessness that have been highlighted in mental health stigma research as contributing to increased levels of anxiety and exclusion.

8.4 Conclusion

Falk and Dierking (2000: 2) have argued that 'learning is the primary reason people go to museums' and that ' learning is the primary good that visitors to museums derive from their experience'. The idea that museums are places where visitors come to learn and that museums can foster positive social change through this learning, is an important conceptualisation of the museum. The *Museums Association* (2013: 10) in London concluded that:

> …museums inspire a passion for knowledge and a lifelong love of learning. Museums facilitate discovery, share knowledge and inspire thought. They put people into a receptive frame of mind and foster questioning, debate and critical thinking.

Museums are undoubtedly places where people come to learn, where knowledge can be broadened and where a re-evaluation of attitudes can occur (Falk and Dierking 2000; Schorch 2014a, 2015). As argued by Sandell (2007: 173), 'museums can counter prejudice by reframing, informing and enabling society's conversations about difference'. They hold 'the capacity to inform the way visitors construct meaning' during their visits by taking particular stances on issues that are 'underpinned by support for human rights' (Dodd *et al.* 2010: 94). In this way, they can act as agents of social change (Dodd *et al.* 2010).

Results from this study suggest that learning or the questioning of entrance narratives may not be the primary aim of certain visitors to exhibitions that discuss mental health,

at least in terms of the way it is often conceptualised by curators and scholars. Learning often appears to be undertaken at these sites if it helps to reinforce, not undermine, visitors' belief structures. It is therefore helpful, as Smith (2011, 2015), Message and Witcomb (2015) and Smith and Campbell (2016) argue, to question the degree to which visitors attend museums and heritage sites for the purpose of education and learning. At the very least, it is important to acknowledge how learning can and does, under certain circumstances, lead to the reaffirmation of values and to understand how this subsequently influences how visitors interpret heritage material (Smith and Campbell 2016). This is because we fail to see a range of other benefits that exhibitions, like those in this study, offer in terms of reducing isolation and developing a sense of worth amongst the mentally ill when we focus on museums primarily as places of learning and as areas where attitudes are altered.

This next chapter discusses more holistically the outcomes of research undertaken with community participants, curators and visitors at each of the sites. It focuses on the potential implications the results gathered at these sites have for curatorial practices around the engagement of community participants with experiences of mental illnesses, as well as for strategies of representation around the topic of mental health.

Chapter Nine

Outcomes and implications of the study

9.1 Introduction

This study sought to understand the potential role that museums could play in challenging stigmatised attitudes about the mentally ill and in empowering those with various mental illnesses, or who advocate on behalf of the mentally ill, to discuss their experiences within a museum setting. It also aimed to test findings by Smith (2010, 2011, 2015 2017a, 2017b), not only about the tendencies of visitors to disengage when confronted and to seek out information that bolsters pre-held views, but her wider arguments about museums as learning environments. As pointed out in Chapter Two, the development of new museological and curatorial practices around social advocacy means that museums are interestingly placed to deal with difficult social issues and to tackle questions of disenfranchisement, representation and inclusion. Unfortunately, little research has looked at the purposive representation of mental illnesses within museums. The impacts of exhibitions that attempt to challenge mental illness stigma have on the communities they engage and the visitors that attend are not well understood.

This chapter draws together results from interviews undertaken with visitors, curators, museum staff and the community participants and organisations at the four sites reviewed in this study.[41] In doing so, it looks at the distinct challenges that faced visitors, community and curators at these exhibitions, as well as the various range of benefits they offered. It highlights the implications and findings that this research has for curators, community and visitors alike. These exhibitions helped to validate experiences, reinforce a sense of community, empower community participants and reinforce visitors' commitments to advocate around mental health issues. The exhibition sites were impeded, however, from better challenging stigma and from empowering community participants due to, amongst other factors, a distinct sense of vulnerability that can be associated with reflecting upon mental illnesses.

[41] *Museum of Brisbane (The Goodna)* only involved interviews with curators and community participants. Visitor interviews were not collected at this site. Chapter Four outlines reasons for this.

The results suggest that curators could profit from paying attention to the value that visitors and community participants draw from their involvement with museums. In part, a careful rethinking of the notion of museums as 'safe zones' may be required. This might help to strike a balance between the need of community participants to advocate honestly about mental health issues and the desire of visitors to feel, within reason, comfortable during their visits. This requires in-depth discussion that will be difficult to achieve without curators acknowledging that learning may not be the main benefit offered by such exhibitions. Ultimately, these discussions could create more considered frameworks for working with communities with experiences of mental illness and more valuable museum experiences for those who attend such exhibitions.

9.2 Summary of findings

The community engagement and visitor responses recorded in this research were complex and varied. Chapters Six, Seven and Eight demonstrated that visitors' preferences for different experiences were influenced by several factors. Visitors at *The Mind* were typically younger in age and happened upon the exhibition by chance. As a result, several of these visitors seemed more interested in evaluating their social surroundings than the content of the exhibition. The mainstream nature of *Melbourne Museum* where *The Mind* was housed also meant that visitors did not expect to see an exhibition discussing mental health. The unexpected mental health content of *The Mind* was viewed as confronting and unusual.

Conversely, *The Bethlem* and *The Wellcome* have reputations for dealing specifically with mental illnesses or other difficult subject matter. Visitors often had strong personal experiences with various mental disorders and came specifically to see the exhibition or museum. This meant they were more inclined to be interested in exploring issues of mental health, both their own and those of others. On average, they were older than those at *The Mind* and visited museums more frequently. Subsequently, they tended to be proficient museumgoers that felt museums were meaningful and beneficial, and were likely more comfortable discussing their views with a stranger in a public space. It was unsurprising then that these visitors experienced lower levels of distress, exhibited lower degrees of distancing and were more willing to engage with the difficult mental health content. Many actively sought out emotional experiences and drew personal connections with the stories and experiences that were depicted. These participants then

used these to critically reflect on exhibition themes and messages. Regardless, *The Wellcome* sample still experienced a certain degree of basic, disengaged commentary.

Chapter Five showed that differing approaches towards community engagement adopted by museum staff similarly affected the manner in which community members perceived the outcomes of their collaboration with the museums. The structure for engaging with community participants at *The Bethlem* was simplistic due to financial constraints placed upon the institution. In contrast, *The Mind* and *The Wellcome* were large organisations that undertook more in-depth approaches to engagement, although one viewed its work with community as an ethical commitment and the other as a means for accessing stories and objects. It is unsurprising that these differences resulted in different outcomes in community satisfaction. This is because supplementary approaches to engagement, even when they are agreed upon, have a tendency to be viewed by community participants as tokenistic – an issue that has been discussed in detail in Chapters Two and Five. It is difficult for communities to feel a sense of partnership, or to discuss issues that are important to them, when museums attempt to tell the stories of the community for them (Waterton 2015). It is for such reasons that this study argues that an ethical commitment to community work as a core function of museums tends to allow curators and community members to engage in more thoughtful and mutually beneficial forms of collaboration (see Chapter Five; and Weil 2002: 75-80; Fleming 2006).

While these differences undoubtedly influenced how visitors and community interacted at each museum, what is perhaps more surprising is that a number of central themes appeared in and between interviews with visitors, staff and community participants across the sites. In particular, the inability of staff and visitors to navigate the sense of vulnerability that reflecting upon mental illnesses can raise hampered the exhibitions aims to reduce prejudice and the outcomes for community participants. In this way, the fear of this vulnerability was a core theme in both the visitors and community interviews undertaken for this study and was an issue that resulted in a re-entrenching of a range of stigmatised outcomes for the mentally ill. Chapter Five showed that certain curators ignored the desire of community participants to openly discuss the difficulties they faced in dealing with their mental illnesses for fear that it would disturb visitors. Chapter Seven then detailed the significant attempts some visitors made to disengage from emotionally difficult parts of the exhibitions in this study. These visitors made

significant efforts to avoid reflecting on issues of mental illness. Several studies have linked avoidance to upholding feelings of isolation and shame amongst the mentally ill (Corrigan *et al.* 2003; Bos *et al.* 2013). In doing so, they denied themselves the opportunity to establish the empathetic links that have been cited as crucial to reducing prejudiced attitudes about a range of issues (Schorch 2014a, 2015), including mental illnesses and those that suffer from them. Thus these socially active mental health museums and exhibitions may, therefore, be negatively contributing to the issues of mental illness that they seek to redress.

Chapter Five has also shown that certain curators adopted approaches to community engagement that held community work as a core function of museums. These approaches often resulted in empowering outcomes for community participants when steps were taken to account for the practical needs and issues that individuals with mental health issues tend to experience (for example, staggered working times, debriefing and meeting in specific locations). Likewise, while the majority of visitors did not alter their views regarding the mentally ill, many already seemingly sympathetic visitors did indicate a strengthening of a range of pro-social beliefs about mental illnesses and a bolstering of their commitments to advocate around mental health issues.

It is for such reasons that it has been argued in Chapters Five and Eight that these exhibitions and museums can help to ease the stigma of living with a mental illness in several ways. According to Hinshaw and Stier (2008: 367), such stigma leads to 'decreased life opportunities and a loss of independent functioning over and above the impairments related to mental disorders themselves'. Research by Pompili, Mancinelli and Tatarelli (2003) found that those with psychiatric illnesses who reported experiencing stigma were at a greater risk of completing suicide than those who did not. These exhibitions may help to reduce, to some degree, this burden by fostering a sense of community and providing more nuanced depictions of the mentally ill. Although not necessarily fundamentally altering prejudicial views, this is validating to many visitors and community members with experiences of mental illnesses, particularly when combined with the opportunity for community participants to express their views fully and openly and to feel a sense of recognition and connection to others.

9.3 Discussion

Results from this study have a number of implications for museum research regarding the display of difficult topics, as well as for museums that specifically seek to challenge unhelpful views about mental illnesses. They are also important in terms of their implications for stigma research regarding mental health issues. In particular, they suggest that the social anxiety experienced by members of the general public in regards to mental illnesses can carry over to a museum context (Chapters Two, Three, Five and Seven). This is something that has not been recorded by other research. As previously discussed, such a finding is important. It had serious consequences for how interactions between visitor and exhibition, and museum staff and curator, played out in this research. The challenge that mental illnesses offer to our sense of control over our health and rationality has been reviewed in detail in Chapters Two and Three. These challenges, along with the challenges curators will face when working with the mentally ill, are unique from those presented at exhibitions about slavery, disabilities or issues surrounding LGBTI communities that have been reviewed in Chapter Two. This is because mental illnesses are a distinct phenomenon. They can affect anyone, regardless of race, gender, wealth or social status. Mental health issues can generate intense emotions, both positive and negative, through the lack of control over our health, rationality and status within society that they can engender (Hinshaw 2007: 82-83, 95-97; Veis 2011)

As a result, working through the difficult emotions that mental health issues can raise requires a willingness to feel and empathise with vulnerability and pain (Veis 2011). It also requires a willingness to reduce the distance between 'self' and 'other'. This demands significant degrees of emotional intelligence to effectively process these feelings (Bonnell and Simon 2007; Mayer, Salovey and Caruso 2008). As found in this study (and others: see Smith 2011, 2016; Smith and Campbell 2016), this is something many visitors either do not possess or choose not to deploy. This demonstrates the courage required on behalf of curators to commit to finding ways to honestly discuss these difficult elements of mental health within exhibitions. Navigating this is a task that will consistently involve levels of distress and emotional fatigue for curators, museum staff and the community groups with which they work. Such distress can, as it did in some cases outlined in Chapter Five, lead to burnout and various forms of re-traumatisation. This can reinstate stigmatised outcomes for staff and community participants (Chapter Five).

Curators may benefit, therefore, from being made aware of a number of issues when undertaking work on such a topic. First, visitors to these exhibitions and, as the work of Doering and Pekarik (1996), Smith (2010, 2011, 2017b) and Pekarik and Schreiber (2012) have shown, visitors to other difficult exhibitions, will employ various strategies to sidestep meaningful engagement. Self-sustaining statements that revolve around already knowing enough about the material, or strategies for placing the emphasis of the exhibition messages upon others rather than themselves (as detailed in Chapter Seven), can and will be employed by certain visitors when too confronted at these exhibitions. This study thus contributes to the work of Doering and Pekarik (1996) and Smith (2010, 2016, 2017b) by showing that the strategies used and the motivations for utilising these strategies will vary depending on the topic being exhibited (see Chapter Seven).

It is for such reasons that museum staff may need to pay attention to the important ways in which difficult emotions and emotional strategies enhance, but also detract, from museum visits. This study found that certain design strategies can help reduce initial levels of disinterest in a topic like mental health and illness. A lack of contextual information at each of the case study sites in this study caused significant levels of confusion. This led to a switching off and a difficulty or disinterest in connecting with the themes or messages about mental health. It is important to ensure that exhibits are accompanied by sufficient explanatory material. While this seems basic, it is clearly something that could have been improved at each of the case study sites in this study. Likewise, the use of personal stories that were displayed in an interactive format (for example, the interactive anorexia video exhibit at *The Bethlem* – Chapter Seven) or the use of objects that prompted personal reflection (for example, the reflection cards used at *The Wellcome* **–** Chapter Seven) may also help to foster greater degrees of critical thought. This may facilitate deeper engagement for visitors who have an interest in mental health, although this may still not be effective at opening up other visitors who find mental health issues particularly confronting to more fruitful forms of reflection.

It stands to reason that the task of helping visitors to process the difficulties associated with mental health issues is not easy and will likely not be fixed via simple adjustments to exhibition design. Such a task is made more difficult for curators to traverse when also working with individuals or groups who identify as being part of a mental health community. This is because mental health community participants will likely feel disenfranchised if museums engage them without genuinely committing to allowing

community participants to discuss the difficult realities of living with a mental health issue (as discussed in Chapter Five). The degree of difficult material to which the general visitor at an exhibition like *The Mind* or *The Wellcome* may wish to be exposed, for example, may differ from that which community participants feel is necessary to adequately address various issues relating to mental illnesses.

As such, this study argues that mental health stigma will not necessarily be challenged by simply exposing more members of the public to issues of mental health. Nor will communities always be empowered through simple approaches to community representation (Lynch and Alberti 2010; Onciul 2013). Clearly, visitors in this study sought to reaffirm certain beliefs, while community participants desired to openly discuss the difficult realities of living with mental health issues. This indicates that museums and curators may have to rethink their understanding of why visitors to mental health exhibitions and museums attend such spaces. Likewise, they may have to rethink why community participants seek out, or agree to be involved in, elements of exhibition development. This study has argued in Chapters Two and Five that exhibitions are greatly enhanced by community views. Chapters Seven and Eight highlighted that many visitors greatly appreciated the chance to gain insights and to reflect upon the personal stories that were provided by community members. Museums also possess an ethical responsibility to engage in community projects (a point that has been discussed in Chapters Two and Five). The results also suggest that curators may benefit from developing strategies to help balance these two requirements of visitor comfort and community desires surrounding advocacy.

Chapters Five, Seven and Eight have demonstrated that a number of steps can be taken that may potentially aid in navigating this process. Obviously taking account of the various practical needs involved in working with mental health organisations and the mentally ill is crucial when undertaking such projects (as outlined in Chapter Five). The difficulty of this is that the emotional needs of participants will likely vary depending on the participants involved and the context of the project. Some will require flexible work hours that do not meet institutional standards, while others will have stipulations about where the work occurs. Certain participants or community organisations will need more intensive and formal debriefing support structures, while some may be happy to undertake this process informally. Regardless, museum staff must give proper consideration to such issues. The goodwill of curators to engage openly with

communities can be undermined by a community member's perception that museum staff are unwilling to accommodate their needs when this process is not properly undertaken.

Part of this rethinking and strategy development will also likely involve a re-examination of the current focus on visitor learning within museums. This is not to say that that learning is not important, but that the current positioning of learning as the predominant focus in museology, as Smith (2011, 2016), Smith and Campbell (2016) and this study have argued, is likely misguided. Processes of reconfirmation, of emotional fatigue and the degree to which visitors seek out, or struggle to deal with, emotional experiences are areas that have only recently been treated by scholars as serious components of the museum experience for visitors (Smith 2011; Watson 2016). Clearly, learning in a traditional sense was not the primary goal of many visitors in this research, nor should such socially purposive exhibitions and museums necessarily think of their benefits in this way.

Nevertheless, the assumption that visitors come to museums to learn continues to remain entrenched in museological and curatorial thought and practice (see Falk and Dierking 2000, 2008, 2013; Falk 2004; Falk and Storksdiek 2005 for notable examples). The tendency to assume that community engagement inherently equates to positive outcomes for the communities that are engaged also continues to persist (Boast 2011; Onciul 2013). Results from this research are helpful in that they demonstrate that this is not necessarily the case at exhibitions that engage community groups and discuss the topic of mental health. Specifically, they demonstrate that we fail to take proper stock of the value that visitors and community draw from museums and the various ways in which visitors and community use their involvement and their visits to museums when we over-emphasise the importance of learning. Again, it is important to reiterate that this study is not arguing that learning is not important, as the degree to which was this was done is illustrated in Chapter Eight. Issues clearly do arise though when learning is *emphasised* over other values and outcomes. This study argues that, in the case of exhibitions discussing mental health, it prevents us from better understanding how to facilitate meaningful forms of engagement with museum exhibitions. It does so by masking a range of other values that exhibitions, like those in this study, offer in terms of reducing isolation, developing a sense of worth amongst the mentally ill and allowing community groups to openly discuss their experiences.

A practical way in which museums and museum practice may be enhanced and the needs of community and visitors balanced could come from giving more thought to the notion of museums as safe spaces. Often museums have been described as 'safe zones' where members of any race, ethnicity, gender or religion should feel included and welcome (Seriff and Bol 2017: 126). Westermen (2008: 157) writes that 'museums have a leading role to play in becoming cultural centres where multiple narratives can be told' and 'where people can find safe places for cultures to mix'. This should undoubtedly be the aim of any contemporary museum that wishes to be relevant to a diverse and multi-cultural society. At the same time, part of the safety and value of museums is that they are, as Hulme (2015: 14-15) argues, 'safe spaces for dangerous ideas'.

It stands to reason that museums that wish to be relevant must be willing to tackle the unpleasant aspects of difficult issues that face modern societies. This will inevitably involve discomfort, unease and likely a degree of offence being taken by some. This study does not suggest that museums should become places where the need to discuss difficult issues is placed above visitors safety. As argued in Chapters Five and Eight, one of the benefits offered specifically by the museums in this study was that they were places where many community members and visitors felt safe to express their views on mental health and illnesses in an understanding and nuanced format. It does suggest, however, that curators should not shy away from topics, or engage them in a muted or half-hearted form, simply because they can cause upset.

Scholars have taken issue with the notion of museums as 'safe spaces' for good reason. This is because safe spaces imply comfort and an easily palatable narrative (Katrikh 2018). As outlined in Chapter Two, many academics and practitioners now see museums as having a responsibility to tackle the difficult issues of society. It is, argues Katrikh (2018), impossible to do this without causing discomfort. Dialogue 'that challenges', notes Katrikh (2018: 8), 'should not be comfortable'. In fact, a feeling of comfort is diametrically opposed to the intent of dialogue associated with social advocacy aims (Katrikh 2018). Others like Clarke (2017) have argued that framing museums as safe spaces for debate, as Hulme (2015) and Katrikh (2018) have suggested, is potentially dangerous. This, considers Clarke (2017: para 14) is because it suggests that conservative or unconventional views on issues like homosexuality that may harm human rights narratives deserve to be given a platform and implies that 'all

opinions are legitimate'; something with which Clarke (2017) does not agree. Obviously, the discussion of contentious issues or of issue that involves disenfranchised peoples (such as the mentally ill) must be discussed within a museum context in a way that allows for all parties to express their views in a respectful manner. Views that actively call for violence against another individual or group, for instance, are never acceptable. However, as noted by Katrikh (2018), it is only when visitors feel they are able to express their true views that they are able and willing to engage with a topic freely. It is this ability to feel comfortable enough to be honest, argues Katrikh (2018), that opens visitors up to the types of dialogue that are required to consider alternative views. On a more practical level, Cameron (2003) has highlighted that what one individual finds safe may be considered unsafe to another. There are, in this sense, practical issues with avoiding topics, or aspects of topics, for fear of someone taking offence or of becoming upset. Curators in this study were more concerned with destabilising visitors as opposed to challenging their views about the mentally ill, although this was still an issue that occurred at *The Wellcome* and *The Bethlem*. Evidence from *The Mind* exhibition shows, at the very least, that a perceived failure to adequately engage with mental health issues for fear of disturbing can lead to further alienation of community participants and can engender anger, offence and distrust. Likewise, the decision to engage mental health in a muted form does not necessarily mitigate issues of visitor discomfort and disengagement.

A beginning point for curators may be to acknowledge and accept the emotional difficulties involved in discussing mental health as a natural part of working on such a topic. This acknowledgement will require deep thought from curatorial staff about why some museums continue to have difficulty in fully embracing certain contentious topics. Part of this fear of causing upset and of working with communities that wish to discuss hidden, hard truths may stem from a clinging to the traditional roots of museums discussed in Chapter Two. Recent museological discourse has espoused the need for museums to encompass more diverse topics and a plurality of voices (Sandell 2007, 2016; Crooke 2010). Yet, it is possible that deep-running connections to the notion of museums as objective and authoritative disseminators of knowledge still linger. Difficult topics that raise hard emotions and initiate debate may challenge this understanding of museums and require museums to relinquish their sense of control over objectivity and truth. As shown in Chapter Seven and in other studies (Cameron 2006, 2007; BritainThinks 2013), museum audiences do continue to see museums as

educators, as presenters of objective truths and as guardians of knowledge. Addressing the issues associated with this mindset will, therefore, be difficult. An acknowledgement of the fact that working on socially contentious topics will naturally involve discomfort may mean that hard conversations around balancing community desires to advocate and the need to ensure, within reason, that visitors feel confident enough to visit such spaces would be possible. This may not only help to mitigate some issues of community frustration, alienation and disempowerment. It could also aid staff in understanding and coming to terms with the notion that certain visitors will require help in navigating the more confronting elements of such exhibitions.

What form this help will take within a mental health context still requires a significant amount of further thought. As discussed in Chapters Two and Three, very little is known about visitors and community engagement projects at exhibitions that discuss issues of mental health and illness. Examples of other museums that have employed strategies to facilitate greater degrees of engagement with upsetting topics do helpfully exist. The *Museum of Tolerance* in The US is dedicated to challenging visitors' understandings of the Holocaust (Katrikh 2018). This museum suggests that trained facilitators or guides can be used to help visitors navigate the more upsetting parts of the exhibition. Specifically, facilitators can provide knowledge to connect visitors with the exhibition material that they otherwise might not understand or may misinterpret. They can also encourage visitors to share their opinions or to express their ideas, reservations or beliefs. This, argues (Katrikh 2018), can help visitors to more efficiently work through their thoughts and feelings when faced with upsetting content.

Curators at *The Goodna* implemented a 'time-out' space where visitors could take a break from the exhibition. This space was devoid of material relating to the exhibition and was filled with comfortable sofas. Brochures with information about various mental health resources and boxes of tissues were placed throughout the room (BMC1 2016, pers. comm., 15 June). Staff with mental health training was also scheduled to be available in this area to talk through problems with visitors (although this was found to be too resource intensive). This method was adopted by curatorial staff on a recommendation from their discussions during the curatorial stage of *The Goodna* with the *Queensland Alliance for Mental Health*. The use of 'time out' or 'transition' rooms as described above has also been subsequently used in another exhibition titled *Inside* that looked at institutional abuse of people in Australia who grew up in Children's

Homes, orphanages and other care institutions in the 20th century (Chynoweth 2018, pers. comm., 10 March). Such spaces allowed visitors to collect their thoughts and feelings and were seen as beneficial in reducing visitors' embarrassment over being seen to be crying within a public space.

Several toolkits for working with community participants on difficult topics and for helping visitors to engage with uncomfortable exhibition themes have also been developed by *The University of York* (2008a) in partnership with the now disbanded *Museums, Libraries and Archives Council*. These toolkits were developed based on the experiences of scholars, curators and community groups who worked on various exhibitions commemorating the abolition of slavery in the UK in 2007-2008 (these toolkits were consolidated into an online PDF file available and are available at: https://www.york.ac.UK/1807commemorated/). Accepting that community work is a core function of museums and that engagement with communities must not be a process of 'telling' but of mutual 'dialogue' lies at the heart of the toolkit's suggestions for undertaking community engagement (The University of York 2008b: 3). According to the community toolkit, such an approach can help to 'promote equality of opportunity and social justice' and democratise museum practices (The University of York 2008b: 3). Other suggestions offered by the toolkit highlight the importance of undertaking audience surveys during exhibition development and post-production (The University of York 2008c). This can provide 'useful information about how certain topics are understood, and how challenges to received ideas about history may be either positively or negatively engaged'. In doing so, curators can identify the types of emotional baggage visitors might bring to certain exhibitions and thus develop strategies for addressing such issues (The University of York 2008c: 3).

These suggestions are a helpful starting point, although they do not provide complete solutions. Trained guides, facilitators or volunteers are often a luxury that only well-funded museums can support. Undertaking surveys is similarly expensive. Ultimately, these are discussions and approaches that may be worth considering. Until the current focus on learning within museums is balanced with other important facets of the museum experience, and until museums figure out ways to address their hesitancy to engage with potentially confronting topics, the process of creating more effective forms of collaboration and beneficial forms of engagement will be impeded to some degree.

9.4 Conclusion

Brooks (2015: 85-86), a trainer of staff and interpreters of African heritage at museums and heritage sites, writes that:

> …when training on the subject of slavery, it is important to keep in mind that the subject matter is inherently uncomfortable. It will be uncomfortable for staff and for visitors. Successful training in this context requires a shift from the idea of creating interpreter comfort with content to developing confidence and competence to manage the subject. ... Expectations for training should include acknowledging that it is normal to be uncomfortable with the topic, and that training will teach skills to develop interpreters who are confident and competent to manage both the information and the emotions they will encounter when interpreting this complex subject.

Much of what Brooks (2015) puts forward here in relation to interpreters is relevant to the findings of this study. The experiences of staff and visitors of museums could be enriched by learning to become confident enough to accept that it is impossible to meaningfully discuss mental illnesses without causing discomfort. This will require, just as Brooks contends in relation to interpreter training above, a shift in how we think about aspects of museum visits. Visitors to mental health exhibitions need help to understand the historical content of what they are viewing. They also require guidance in developing the emotional intelligence required to competently manage the complex emotions and intellectually challenging questions raised by this subject. As noted throughout this research and in Chapter Eight, a number of beneficial outcomes for visitors, staff and community participants occur when there is an explicit acknowledgement of the destabilising nature of mental health issues and when practical steps are put in place to account for this. Staff can create more honest and nuanced exhibitions, community participants feel a greater sense of worth and empowerment and visitors are more open to explore the realities involved with this difficult topic.

This reconfiguring in curatorial thought will obviously not be an easy task. There has been a relatively limited focus on how difficult emotions affect how staff, curators and community navigate issues of mental illness within a museum context and the resulting stigma, as well as empowerment, which can occur as a result. The research discussed in Chapter Two and results from this study represent, at the very least, an effort to understand and begin to remedy this imbalance.

Chapter Ten

Conclusion

This study began by highlighting the extent to which mental health problems negatively impact Western societies. Mental illnesses are now recorded as one of the leading disabilities in the Western world and are often experienced as debilitating and deeply upsetting for sufferers, their family and friends (Mental Health Foundation 2016; World Health Organization 2018). The widespread nature of mental illnesses shows no signs of decreasing in the West regardless of improvements in medication and psychiatry over the past 50 years. Mental illnesses are forecast to increase in countries like Australia as the Western population ages and as mental diseases such as Alzheimer disease begin to feature more heavily in modern society (Dementia Australia 2018). Stigmatised attitudes towards the mentally ill, as shown in Chapters Two, Three, Five, Seven and Eight contribute to the feelings of isolation, shame and 'otherness' that the mentally ill face due to their illnesses (Hinshaw and Stier 2008; SANE Australia 2005, 2014, 2017). Stigma also puts barriers in place that prevent society from more freely discussing this difficult, but widespread, issue and deters the mentally ill from seeking help – an issue this author has experienced first-hand (Chapters Three, Seven and Eight) (SANE Australia 2014; Clement *et al*. 2015).

This study sought to investigate if museums might help to empower local mental health communities to talk about their experiences and to guide society to think about and discuss issues of mental health. The results demonstrate that museums can and do positively impact mental health communities and visitors who attend these types of exhibitions. The fostering of a sense of community amongst the mentally ill, the ability for community members to openly express their views about their experiences and the reaffirmation of commitment on behalf of certain visitors to raise awareness about mental health issues are beneficial outcomes of exhibitions that seek to foster positive social change in this area. This study also highlights that these potential positive benefits can be negatively impacted by a failure of curators to account for the various emotional strategies some visitors use to distance themselves from difficult material (see Chapter Seven). They can also be impacted by a failure to account for the practical and emotional difficulties involved when working with community on projects about mental health, the refusal to see community engagement as a core part of museum work

or an inability to acknowledge and accept the inherently difficult nature of working on mental health projects (see Chapters Five and Seven).

These results raise a host of interesting questions. One concerns scope. How could such exhibitions, particularly those with specialist backgrounds like *The Wellcome* or *The Bethlem*, manage to attract visitors from demographics beyond the highly educated, white and middle-class visitors, many of whom had personal experiences with mental health issues, that tend to visit these exhibitions? A second question is whether this should even be a concern for such exhibitions or museums? This is a particularly important question given results from this study which suggest that certain visitors who are not partial to the concerns of the mentally ill will either not visit or, if they do, will make efforts to disengage.

This study argues that such socially oriented exhibitions and museums should care about who visits and the various community groups that they seek to engage in valid partnerships. They should also be interested in understanding how they can resonate on a deeper level with a wide range of visitors, including those with and without experiences of mental health. Likewise, this study argues that they should be interested in actively attempting to reduce stigma. Part of the reasoning here is philosophical. If museums should aim to influence social debate, as has been argued by many practitioners in the wake of Vergo's (1989) *New Museology*, then clearly these are important and valuable aims. However, these questions are not just relevant to visitors or museum staff interested in visitor engagement. They are also important for those curators who seek to foster more meaningful outcomes for those mental health community participants that they engage. This is because community participants, as well as those visitors in this study with mental health issues, viewed the raising of awareness about mental illnesses as an important goal of such exhibitions. The need to educate those with less experience of mental disorders was seen by community and visitor alike as crucial to improving knowledge and reducing stigma. At the very least then, attempting to increase awareness, even if awareness is not actually increased by these exhibitions in the way that these mental health stakeholders wish it to be, is clearly important to those community members and visitors with lived experiences of mental disorders.

It is also difficult to know and dangerous to assume that visitors in this study who disengaged or who were uninterested (Chapter Seven) did not subsequently have their views positively affected post-visit as a result of their museum visits. The research presented here did not involve follow-up interviews with visitors. This was an active decision that was undertaken to ensure clarity and conciseness and to keep the research in a manageable format. It is, therefore, impossible to know what museum messages and meanings visitors may have taken home and mused upon in the weeks and months following their visit. The benefits of follow-up studies are borne out by the work of Falk and Storksdieck (2005) and Wagstaff and Sobel (2012). They highlight how messages taken away by visitors often change several weeks post-visit as the visitor comes into contact with new ideas and viewpoints that trigger a process of rethinking. The way a visitor makes sense of material and messages at the time of visiting can vary to the way they view the same material months later. It is, therefore, possible that significantly more visitors drew value from their exhibition visit in the weeks that followed than was witnessed in this study at the time of their initial interviews. Future visitor studies could accordingly benefit from implementing follow-up surveys into their methodology. In doing so, we may more accurately be able to assess the potential impact that mental health exhibitions have on visitors, particularly those who appear to distance at the exhibition site but who may constructively reflect on their exhibition experiences when in private.

How the messages contained within these exhibitions could be broadened to reach a greater audience is a hard question to answer. As shown in this study, getting people to engage meaningfully with something they fear is difficult. The use of travelling exhibitions that could be hosted in more public spaces or the implementation of avenues for public discussions within these exhibition spaces may be one way of creating wider public interest.

Ultimately, more research is needed to determine what types of visitors attend such exhibitions, the strategies that help to foster fruitful forms of engagement amongst certain community populations, and the frameworks for collaboration that create empowering modes of community-museum projects. This study does not, and cannot, make any extravagant claims about the generalizability or statistical significance of its results; a point that was made in Chapter Four. Its purpose is to provide a degree of insight into an important area that has hitherto received little scholarly attention. In

doing so, it highlights the potential that further research into the area of purposive representations of mental health within museums may hold to empower communities and reduce aspects of mental health stigma within the broader public. It also highlights some of the potential dangers that occur at mental health museums and exhibitions that utilize basic frameworks of community engagement and that do not pay appropriate consideration to the emotional strategies visitors use to distance when confronted by the topic of mental health. Likewise, it highlights that care must be paid when working with members from mental health communities to recognise, and work through, the distinct emotional and practical needs that they may have when their participation is sought, regardless of how in-depth the framework for engagement is. Nevertheless, it must be acknowledged that this study involved only four case study sites and a little more than 380 interviews with either visitors, museum staff or community participants. This inevitably means that the conclusions drawn are based on a limited sample size and on a small number of case study sites. They cannot, therefore, be considered 'valid' in the way that, for example, large-scale quantitative studies often seek, although the debate around whether qualitative studies should even attempt to achieve such positivists based goals has already been discussed (Chapter Four). The sheer absence of research in this area means that more research is needed. This could provide a clearer understanding of both the types of community groups that engage with museums on mental health projects, and also the types of visitors who attend such mental health exhibitions.

It is hoped that such further research into these areas will also aid in determining both the efficacy of different curatorial strategies for displaying mental health, as well as highlighting the differing needs and desires that various mental health communities possess when working within museum contexts. At the very least, the current lack of research in this area represents a missed opportunity to determine how museums can more effectively help to address a difficult social issue that affects many members of our communities and that, according to research, is showing no signs of abating. This means that we do not just fail to develop more relevant and socially useful exhibitions and engagement practices by paying inadequate attention to this area of visitor and community research. We also miss an opportunity to help foster a greater sense of inclusion, understanding, worth and empowerment amongst the cherished brothers, sisters, mothers, fathers, sons and daughters who have mental illnesses and that make up our communities and our societies.

It is likely true to say that the current approach in many museums of emphasising learning to the exclusion of other aspects of the museum visit will achieve little in helping visitors to think through this difficult issue. It is also likely true that avoiding the more difficult aspects of mental health issues or failing to embrace community engagement as a core element of museum work will do little to empower members of the mental health community. It is this author's belief that planning for the difficulties involved in working with community stakeholders on mental health projects in museums, and recognising that the reaffirmation of values or identities is a beneficial outcome of such exhibitions, will allow us to better understand the role that museums can play in helping visitors and community participants to navigate the important topic of mental health issues.

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Appendices

Appendix A – Codes for visitor responses to interview questions

'Gender'

1. Male
2. Female

'Are you visiting the museum by yourself or in a group?'

1. Visited by self
2. Visited with friends/partners
3. Visited with family/husband or wife
4. Visited with family and friends

'What age category do you fit into?'
1. 16 or under
2. 17-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65 and Over

'Are you from the United Kingdom, or overseas? If overseas, where?' (This question asked only at UK museums)
'Are you from Melbourne, interstate, or overseas? If overseas, where?' (This question asked only at Australian museum)

1. United Kingdom, Ireland, wales
2. Australian, New Zealand
3. Ex-pat, tourist
4. Europe/Scandinavia
5. Asia, India, Middle East,
6. US
7. South America
8. Canada
9. Africa

'How would you define your ethnic background or affiliation?'

1. Anglo-Australian
2. Non-Anglo Australian
3. Anglo-British or Irish (and other variants such as White-British)
4. Non-Anglo or Mixed Anglo-British (this included African-British)
5. White European, Slavic or Scandinavian
6. Non-British, Non-Australian Anglo Saxon
7. Unsure
8. Indian, Asian
9. South American
10. Non-Anglo American (this included African American)

'What is your occupation?'

1. Manager
2. Medical professional/worker or student of subject relating to health or mental health
3. Professional (for example, accountants, lawyers, teachers, academics)
4. Community or charity work
5. Administration worker, receptionist, secretary
6. Sales, retail, hospitality worker or service provider
7. I.T., telecommunications worker, technician
8. Labourer or tradesman (for example, concreter, plumber, builder)
9. Retired
10. Student, unemployed
11. Creative industry worker (for example author, actor, producer, writer, artist)
12. Other

'How many times would you visit a museum in an average year?'

1. Once a year
2. Twice a year
3. Three times a year
4. Four times a year
5. More than four times a year
6. Once every two to three years
7. Very rarely (that is, once every four years or less)

'What motivated you to visit the museum today?'

1. Visitor had a specific interest in the topic or exhibition
2. It was relevant to visitors personal or professional life
3. Tourism (for example, it's something to do, I'm visiting with partner)
4. For a school or business trip
5. Visitor was a regular visitor or supporter of the museum
6. Visitor made a comment about learning/education
7. Visitor was interested in another exhibition or topic being shown at the museum

'What motivated you to visit The Mind exhibition/ The Bedlam exhibition/ The Bethlem Museum?'

1. Visitor specifically made trip to see exhibition due to a general interest in mental health
2. Visitor specifically made trip to see exhibition due to personal or professional experience with mental illnesses.
3. Visitor was already visiting museum and thought exhibit would be interesting due to personal or professional relevance
4. Tourism
5. Visitor was a frequent visitor to all exhibitions at this museum
6. Visitor had an interest in the brain or mind
7. Visitor was unsure or indicated that nothing motivated them

'What part or parts of the museum did you enjoy most or find most interesting?'

1. Visitor found most parts generally interesting
2.Visitor mentions non-mental health components
3. Visitor mentions various personal stories in exhibition relating to mental health
4. Visitor mentions restraint objects
5. Visitor mentions the artwork, photos, drawings or madlove project
6. Visitor mentions the audio, video, or interactive audio-visual material relating to mental health
7. Visitor made a general reference to the history of mental health
8. Visitor said nothing was interesting, or was unsure
9. Visitor highlighted the text-based documents or objects relating to mental health
10. Alzheimer's exhibit, neurological diseases, or exhibits on emotions

'Why, what about them did you find interesting?'

1. Visitor stated that they were generally interesting – passive
2. Understanding about history or past treatments and attitudes
3. Visitor indicated it gave unique perspective or insights into minds of others
4. Relatable or relevant to own life, or visitor reminiscing
5. Visitor offered a criticism or a critique of an aspect of the exhibition
6. Visitor stated it raises awareness about mental health issues
7. Visitor highlighted the interactive or psychical objects
8. Visitor stated that they were generally interesting – active

'Were there any parts of the exhibition you disliked or found uninteresting?'

1. No
2. Visitor commented on design (for example, the artwork wasn't contextualised)
3. Visitor felt the museum was too clinical
4. Visitor found the exhibition unpleasant, confronting or hard to relate too
5. Visitor was unsure or wasn't concentrating
6. Visitor wanted more aspects that related to their personal or professional life
7. Visitor highlighted a component they *personally* disliked but that they felt others would still enjoy

'Is there anything that you think could have been relevant that has been left out of the museum/exhibition'

1. No
3. Visitor provided vague or unrelated answer
4. Visitor remarked upon design, or had difficulty understanding certain elements
5. Visitor wanted a greater focus on contemporary or future oriented issues
6. Visitor wanted more aspects relating specifically to their personal or professional life.
7. Visitor wished it had more personal stories or objects relating to mental illnesses
8. Visitor wanted a greater historic or factual focus
9. Visitor was unsure or needed more time to think about their answer

'How did the museum/exhibition make you feel?'

1. Visitor stated it had no impact on emotions
2. Visitor gave basic, information-based response – passive
3. Sad, sombre

4. Angry, outraged, appalled
5. Touched, moved, empathetic
6. Calm, relaxed, peaceful
7. Relatable, connected
8. Reflective, contemplative
9. Surprised/shocked
10. Curious, amazed
11. Unsettled, uncomfortable or confronted
12. Unsure, vague, irrelevant answer
13. Lucky, glad, hopeful
14. Physical feeling
15. Visitor raised a criticism of the exhibition
16. Visitor indicated the emotional experience was dulled as they were aware of the information.
17. Visitor gave a basic, information-based response – active

***'**Were there any specific parts that prompted you to reflect on anything of particular interest or importance?'*

1. Visitor highlighted visual media about mental health
2. Visitor highlighted restraining material
3. Visitor highlighted medical tools or psychiatric resources
4. Visitor highlighted artworks, textual resources, images or psychical projects
5. Visitor highlighted objects, text, or stories not related to mental health
6. No – visitor needed more time to absorb information or gave a vague answer
7. Visitor made general comment about mental health.
8. Visitor made general reference to personal stories about mental health.
9. Visitor highlighted objects, text or stories relating to drugs, memory loss, or brain disorders

'What sort of things were you reflecting on?'

1. Visitor reflected on own life specifically in relation to personal or vicarious experience of mental health
2. Visitor reflected on the treatments or peoples historic or contemporary experiences with mental illnesses
3. Visitor stated it was generally interesting
4. Visitor provided a design oriented remark or raised a criticism
5. Visitor reflected on aspects that were generally relatable to their life
6. Visitor stated the exhibition reinforced their beliefs or indicated they were already aware of the information presented
7. Visitor was unsure, or provided a vague answer

'Are there any aspects of your identity that made your visit particularly meaningful or interesting?'

1. Visitor stated it was relevant specifically due to their professional or academic life
2. Visitor stated it was relevant specifically due to their personal or vicarious experiences of mental health
3. Visitor stated they had a specific interest in understanding thoughts, emotions, feelings

4. Visitor felt it was just generally interesting or gave a generalised comment
5. Visitor was unsure or gave a vague answer
6. Visitor reported specific relevance due to their general interest in mental health.
7. No

'Are there any content or certain messages that the museum has raised here that you particularly agree or disagree with?'

1. No
2. Visitor agreed with most or all messages
3. Visitor neither agreed nor disagreed, or felt the exhibition had no messages
4. Visitor thought the exhibition would provide an understanding of different points of view about mental health issues or a greater historical understanding.
5. Visitor raised a criticism or did not agree with messages
6. Visitor provided a response not related to mental health
7. Visitor was unsure, or provided a vague or unrelated answer
8. Visitor commented on personal views regarding mental health or stated that they agreed with the depiction of mental health in the exhibition
9. Visitor agreed with raising awareness of asylums and empowering the mentally ill
10. Visitor wanted to see more content relevant to their life or interests

'What meaning or importance does a museum/exhibition like this have for contemporary society's understandings of the human mind?'

1. Visitor stated it was just generally interesting or made a basic comment
2. Visitor stated the historical background of exhibition contextualises mental health
3. Visitor stated it would raise peoples' awareness or educate about mental health and mind
4. Visitor highlighted a criticism or stated that it had no importance
5. Visitor was unsure or provided a vague statement
6. Visitor felt getting public access to asylum grounds would help to empower the mentally ill
7. Visitor made a comment about education or self-reflection (non-mental health)

'Is there anything you've seen/heard/read today that has altered your views on certain issues or topics?'

1. No
2. No – visitor stated it reinforced their views, or that they were already aware about the issues (prompted)
3. No – visitor stated it reinforced their views, or that they were already aware about
4. Yes – visitor provided a vague acknowledgement
5. Yes – visitor highlighted that information was gained or their awareness was increased
6. Visitor was unsure
7. No – but visitor indicated they learned new information
8. No – visitor disagreed with museum's interpretation or message

'Do you think that museums are appropriate places to raise the themes, content and messages that were brought up in this exhibition/museum?'

1. Yes – visitor stated museums were great for raising awareness about mental health as they were an accessible public forum
2. Yes – visitor stated 'where else would you learn about it?'
3. Yes – visitor stated that museums provide historical context and empirical rigour
4. Yes – visitor provided specific commentary about educational benefit of museums
5. Visitor was unsure, or provided vague answer
6. Yes – visitor felt it suited agenda or context of the specific museum
7. Visitor highlighted that only people with pre-interest would come to exhibition or raises another criticism
8. Yes – visitor gave generalised comment
9. Yes – visitor stated that museum/exhibition was a great place for people who were already interested in mental health to visit
10. Yes – visitor stated that museum was great for getting people into asylum grounds
11. Yes – visitor thought it was great for raising awareness about brain (non-mental health issues)

'Is mental health an important or appropriate part of the exhibition?'

1. Yes – visitor provided unelaborated or vague answer
2. Yes – visitor stated it was given the context of the exhibition and the gallery space
3. Yes – visitor stated it was an important issue and that awareness needed to be raised
4. Yes – visitor stated it was generally interesting or generally educational
5. Yes – but visitor stated they already knew about these issues
6. Yes – visitor stated it could have therapeutic benefits for the mentally ill
7. Yes – visitor stated that museums were factual, well- researched and unbiased
8. Yes – visitor stated 'where else will people talk about it if not here?'
9. Yes – visitor thought people would go to other exhibitions and then unexpectedly walk in
10. Yes – visitor stated that it was relevant to today

'Is there anything you might get from discussing mental health within a museum context that you would not get in other contexts (for example, television)?'

1. Yes – visitor felt that museums were a unique setting
2. Yes – visitor highlighted the items, personal stories, or the physical site as lending authenticity or being more engaging
3. No
4. Yes – visitor felt museums provided broader perspective and historical context
5. Yes – visitor stated that you wouldn't get this discussion anywhere else
6. Yes – visitor highlighted that you knew the information was vetted because it was it was an official place
7. Visitor was unsure, or provides unrelated or vague answer
8. Yes – visitor stated that museums were educational
9. Yes – visitor stated that the interactive games were more engaging
10. Visitor offers a critical commentary
11. Yes – visitor stated that museums needed to raise awareness

'Will you take away anything in particular from your visit?'

1. Generally interesting experience – active
2. No – but visitor felt it was good to see people at the exhibition
3. Visitor indicated they would take away a positive feeling or a statement about

mental health
4. Visitor provided a response relating to education
5. Yes – but visitor was unsure of what or gave a vague statement
6. Visitor took away a degree of personal reflection or parts that were relevant to their life
7. Visitor took away the reflection specifically on own or other peoples' experiences with mental illnesses
8. Visitor stated they would remember a particular physical object
9. Visitor took away the reinforcement of their views
10. Visitor took away a feeling of sadness
11. No – visitor was generally unelaborated
12. Visitor was unsure or needed time to process thoughts
13. Visitor stated they would reflect on certain points or found it thought provoking
14. Visitor raises a criticism of the exhibition or an element of the exhibition
15. Visitor stated the experience of being on the physical grounds of the hospital
16. General interesting experience – passive